

STATE AND NATIONAL MEMBERSHIP DUES

Remittance Form 20__ - 20__

Date: _____

Region: _____ Council: _____

PTA/PTSA name: _____

PTA unit ID # (8-digits, include any 0's): _ _ _ _ _

Local PTA president: _____

Phone: _____ Email address: _____

Check one: ☐ Elementary ☐ Middle ☐ Jr. High ☐ High School ☐ Other

_____ X \$2.25 (National PTA dues) = \$ _____
of members

_____ X \$1.75 (Utah PTA dues) = \$ _____
of members

Total remittance: \$ _____

Membership dues should be remitted by the 25th of each month.

**Please make one check payable to Utah PTA for total remittance amount above.
Membership dues should be paid by a PTA check. No cash or personal checks.**

Mail completed form to:

Utah PTA, 5192 S. Greenpine Drive, Salt Lake City, UT 84123-4606

The enclosed dues cover the period from _____ to _____

Remitted on _____ (date) By check number _____