

Santa Barbara Area Council of PTAs

Fifteenth District PTA

Unit Remittance Form

2020-2021

Unit Name _____ Date _____

Item Description	Amount
Membership Dues Number _____ @ \$5.10 per member	
General Liability Insurance - DUE Nov. 1 (\$25.00 late fee after Dec. 1)	\$258.00
Worker's Compensation Insurance Form (2 copies) If no payment is needed, please write NO ONE PAID across the middle of the form and send it Nov. 1st . (If you hired employees, mail payment and form Jan. 5.)	
Envelopes Number _____ @ \$3.00 per 100 (.03 cents each)	
15th District Assessment - DUE Nov. 1	\$10.00
SB Area Council Assessment - DUE Nov. 1	\$25.00
Founders Day Gift—Freewill Offering (optional donation)	
Miscellaneous (i.e. Late Charge)	
Check No. _____	Total

Treasurer _____

Address _____

Phone _____ E-mail _____

Treasurer's Signature: _____

*"A portion of the total sum sent for the National portion of PTA membership dues is payment for one year's subscription to **Our Children** of the National Congress of Parents and Teachers which will be sent to the president of each local unit."*

Please send this form when submitting monies to Council. Make check payable to **Santa Barbara Area Council of PTAs** and mail to:

Santa Barbara Area Council of PTAs
Andrea Carrara, Treasurer
720 Santa Barbara Street, Santa Barbara, CA 93101
805-284-2900 akenani88@gmail.com

Note: All checks must have **Two Signatures**. Please make a copy for your records.