**Fifteenth District PTA**  
Unit Remittance Form 2022–2023

Unit Name_________________________ Date ________________

<table>
<thead>
<tr>
<th>Item Description</th>
<th>Amount</th>
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| **Membership Dues**  
Number _______ @ $5.10 per member |        |
| **General Liability Insurance** – DO NOT SEND,  
TO BE PAID DIRECTLY TO INSURANCE CO.  
YOU WILL BE NOTIFIED IN OCTOBER REGARDING PAYMENT | N/A |
| **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  
720 Santa Barbara Street, Santa Barbara, CA 93101  
Andrea Carrara 805–284–2900 akenani88@gmail.com  

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