

Santa Barbara Area Council of PTAs

Fifteenth District PTA Unit Remittance Form 2022–2023

Unit Name _____ Date _____

| Item Description | Amount |
|--|---------|
| 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.