

# 2012 – 2013 DUES TRANSMITTAL FORM



**Purpose:**

Use this form to send membership dues from the Local Unit PTA to Georgia PTA.

**Instructions:**

Make copies of this form as needed.

Fill in the information requested below.

Calculate amount of dues at \$3.75 per member per annum.

Dues should be submitted on a monthly basis, unless no dues are collected.

Write one check (or money order) for all forms submitted at the same time.

Remember, your PTA check must have two signatures.

If you have achieved Target Membership, you must also submit the Membership Awards Form.

Submit this form along with payment. Keep a copy of this form for your records.

Make checks payable and mail to Georgia PTA, 114 Baker Street, NE, Atlanta, GA 30308-3366.

Date		Local Unit ID #	
District	Council	PTA Name	
Contact Person		PTA Position	
Address			
City		State	Zip
Cell Phone		Home Phone	
Email			
_____ Check here if you wish to receive email notification that dues payment was received.			

## DUES CALCULATION

**Total dues are \$3.75 per member per annum (\$1.50 for state, \$2.25 for national).**

Number of members \_\_\_\_\_ at \$3.75 each = \$ \_\_\_\_\_

**This payment represents dues collected for new members for the following month:**

- |                               |                               |                              |                              |                              |
|-------------------------------|-------------------------------|------------------------------|------------------------------|------------------------------|
| <input type="checkbox"/> Aug  | <input type="checkbox"/> Sep  | <input type="checkbox"/> Oct | <input type="checkbox"/> Nov | <input type="checkbox"/> Dec |
| <input type="checkbox"/> Jan  | <input type="checkbox"/> Feb  | <input type="checkbox"/> Mar | <input type="checkbox"/> Apr | <input type="checkbox"/> May |
| <input type="checkbox"/> June | <input type="checkbox"/> July |                              |                              |                              |

*Note: If no dues are collected during a month, it is **NOT** necessary to submit this form.*

Signature of President or Treasurer: \_\_\_\_\_

<b>FOR OFFICE USE ONLY:</b>	
Amount Received \$ _____	Date Received _____
<input type="checkbox"/> Check/Money Order # _____	<input type="checkbox"/> Cash