IDAHO PTA
MEMBERSHIP DUES REMITTANCE FORM
(This form should accompany all dues sent to Idaho PTA)

For the Year __________
Date Submitted __________

NAME of PTA/PTSA Unit: _____________________________________ Idaho PTA Region (1-9): _____

Local Unit Record Number (LUR): _____________________________
All units begin with at least one zero and should be eight digits in length - also referred to as National ID #.

0 0 6 2 4 7 0 1 Example: 8 digits in length

Local Unit Membership Chairman: __________________________________________________
Address/City/State/Zip: ___________________________________________________________
Phone: ____________________________
Email: ____________________________

Local Unit Treasurer: ___________________________________________ Phone: ____________

Remittance:
Number of Members for this report at $7.50: _______ = $________
Number of Student Members at $4.00: ________=$________

Total number of members: ________ =$________

Approximate Number of Students enrolled at your School: ________

Please email your members in an excel spreadsheet with the following information; First and last name, and email address to idahopta@idahopta.org

This form should accompany any money submitted for membership dues.
Awards and Reflections participation depend upon the first membership installment being post marked no later than November 1st.

First remittance due: November 1st
After the first installment please send membership dues in monthly.
**Reminder each local PTA unit is required to have a minimum of 5 members**

Please send: check (remember two (2) signers), roster, and this membership remittance form to:
Idaho PTA
1655 West Fairview Avenue, Suite 109, Boise, Idaho 83702
Questions? Contact your Region Director or the State Office at 208-344-0851 or idahopta@idahopta.org

Copy this form to reuse during the year.