



# 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 #.

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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](mailto: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](mailto:idahopta@idahopta.org)

For Office Use Only:

Amount Received: \_\_\_\_\_

Cc: \_\_\_\_\_ Dues Report: \_\_\_\_\_

Date Received: \_\_\_\_\_

Check #: \_\_\_\_\_

**Copy this form to reuse during the year.**