

MEMBERSHIP DUES REMITTANCE FORM #2
ATTENTION – TREASURER AND MEMBERSHIP CHAIR
POSTMARKED OR HAND DELIVERED BY MARCH 15, 2012
(All dues must be postmarked or hand delivered on time.)
The March 15 postmark date is a must to qualify for any membership awards.

MAKE YOUR CHECK PAYABLE TO INDIANA PTA AND ATTACH THIS FORM.

MAIL TO: Indiana PTA
 2525 N. Shadeland Ave., D-4
 Indianapolis, IN 46219

ATTACH COMPLETED: Additional Membership Roster (Please show just **ADDITIONAL MEMBERS** since last report)

COMPUTE PAYMENT: In accordance with Indiana PTA Bylaws

\$3.00 (State Portion)
 +\$2.25 (National Portion)
\$5.25 PER MEMBER (exact number of members shown on membership report list)

NUMBER OF **ADDITIONAL MEMBERS** _____ X \$5.25

AMOUNT OF CHECK ENCLOSED: \$ _____

ENCLOSE FOUNDER'S DAY CONTRIBUTION \$ _____

"FRIEND OF PTA" SPONSORSHIP (\$25) \$ _____

_____ **100% Teacher/Principal Membership** (*Please check if you have met this goal*)
 To be awarded to units where every full time teacher in the school and the Principal(s) are members.

PTA/PTSA UNIT _____ COUNCIL (if any) _____

CITY _____ COUNTY _____ REGION _____

TREASURER'S NAME _____ ADDRESS _____ ZIP CODE _____ PHONE _____

-----Do Not Write Below This Line-----

Date _____ # of Members Reported _____

Check # _____ Amount _____

National # _____ National Dues _____ State Dues _____