

MEMBERSHIP DUES REMITTANCE FORM #1
ATTENTION – TREASURER AND MEMBERSHIP CHAIR
POSTMARKED OR HAND DELIVERED BY NOVEMBER 15, 2011
(All dues must be postmarked or hand delivered on time.)
The November 15 deadline must be met in order to qualify for any award.

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: Membership Roster

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 MEMBERS _____ X \$5.25

AMOUNT OF CHECK ENCLOSED: \$ _____

SCHOOL'S OFFICAL ENROLLMENT _____

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

_____ **100% Teacher/Principal Membership** (*Please check if you have already 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 _____