**THIRD DISTRICT PTA**

**FINANCIAL REMITTANCE FORM**

<table>
<thead>
<tr>
<th>Dues Amounts</th>
<th>Mail Payment to:</th>
<th>Check Payable to:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Folsom Cordova Council</td>
<td>Folsom Cordova PTA Council</td>
<td>Folsom Cordova PTA Council</td>
</tr>
<tr>
<td>Dues are $5.10 per member for PTA units in FCUSD</td>
<td>1965 Birkmont Drive</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Rancho Cordova, CA 95762-6407</td>
<td></td>
</tr>
<tr>
<td>Sacramento Council Dues</td>
<td>Sacramento Council PTA Attn: Trinette Rawlins</td>
<td>Sacramento Council of PTAs</td>
</tr>
<tr>
<td>are $5.25 per member for PTA units in Sacramento</td>
<td>c/o Third District PTA P.O. Box 269003</td>
<td></td>
</tr>
<tr>
<td>City Unified</td>
<td>Sacramento, CA 95826-9003</td>
<td></td>
</tr>
<tr>
<td>All other PTA units are</td>
<td>Attn: Otis Cross Financial Secretary Third District</td>
<td></td>
</tr>
<tr>
<td>considered &quot;Out of Council&quot; units and dues</td>
<td>District PTA P.O. Box 269003</td>
<td></td>
</tr>
<tr>
<td>are $5.00 per member</td>
<td>Sacramento, CA 95826-9003</td>
<td></td>
</tr>
</tbody>
</table>

**Unit Name ________________________________________ Date:  ____ ____**

**Treasurer Name ____________________________________ CA Unit # ______**

**Treasurer E-mail __________________________________**

**Treasurer Phone ________________________________**

**REMITTANCE DESCRIPTION**

**AMOUNT REMITTED**

Membership:

**FC Council** # of members ______ x $5.10 = $ ___________________

**Sac Council** # of members ______ x $5.25 = $ ___________________

**Out of Council** Units # of members ______ x $5.00 = $ ___________________

Membership Envelopes:

# of Boxes (qty 500 per box) _____ x $15.00 = $ ___________________

Groups of 100 envelopes _____ x $3.00 = $ ___________________

**Envelope Order Total** = $ ___________________

Founder’s Day (February 17) Freewill Offering  $ ___________________

Insurance $232 (Due in office by December 3, 2018)  $ ___________________

Insurance Late Fee $25 (if paid after December 3)  $ ___________________

Worker’s Comp Form Additional Premium if applicable

(please attach copy of Worker’s Comp Form)  $ ___________________

Third District Workshop/Event Registration $ ___________________

Event Name _________ Event Date ______ # registered ______

(Please attach copy of online registration forms)

Other (describe) ___________________________________ $ ___________________

**Check # ____________ Total Remittance:  $ _________________**

**REMEMBER: ALL PTA checks require two signatures! Checks without two signatures will be returned to you.**

**Make copies of remittance form for your records.**

**Please send remittance(s), remittance form and applicable support documents to the appropriate address in the box above.**