



HCCPTA Dues Payment Form

UNIT INFORMATION

PTA/PTSA Name: _____ Date: _____

Treasurer: _____

Treasurer's email: _____

President: _____

President's email: _____

MEMBERSHIP AND PAYMENT INFORMATION

Number of individual members as of June 30 (i.e., previous fiscal year): _____	
<i>Multiply by \$.10 per member</i>	X \$.10
Total amount of HCCPTA dues:	\$ _____
Dues not paid from previous years:	\$ _____
Additional donation to HCCPTA George H. Moody Scholarship Fund:	\$ _____
Transaction fee (if using PayPal or MemberHub):	\$ _____
Total amount enclosed:	_____
Check # (if paying by check):	_____

Please mail a check **payable to HCCPTA** to the following address: HCCPTA c/o Cheena Hicks, 6200 Rivendell Court, Henrico VA 23231