SOUTH SAN FRANCISCO PTA COUNCIL

2025-2026 REMITTANCE FORM

DATE:	PTA/PTS	SA UNIT:	
CONTACT PERSON:		EMAIL:	
SEND UNIT REMITTANCE (COI SSF PTA COUNG % SSFUSD 398 B ST SSF CA 94080		ID CHECK) TO:	
MAKE CHECKS PAYABLE T	O: <u>SOUTH SAN F</u>	RANCISCO COUNCIL OF F	<mark>PTAs</mark>
COUNCIL DUES PAYABLE WITH	I FIRST REMITTANC	<u>E</u>	
COUNCIL ANNUAL DUES			
\$250.00			
MEMBERSHIP DUES (Pay for Canal Number of cash memberships Membership Dues (for Sta	covered by this rem te PTA) x \$5.75 per	ittance	
Total number of members to d	ate = Totem	+ Cash members	= Total
*EACH UNIT MUST HAVE AT LEAST 1	.5 MEMBERS BY NOVE	MBER 1 ST TO BE IN "GOOD STANDIN	IGS"
			ON\$
			\$
FOSTER YOU [*]	TH (SAN MATEO CO	UNTY) DONATION	
		TOTAL ABAQUAT ED	\$
		TOTAL AMOUNT FR	UIVI UNI I: \$

INSURANCE DEADLINE REMINDER (PAY DIRECTLY TO AIM, NOT TO COUNCIL)

ONCE NO LATER THAN NOVEMBER.				
COUNCIL USE ONLY DATE RECEIVED:	CHECK #	TOTAL AMOUNT \$		
UNIT PTA/PTSA:				

RECOMMENDED TO SUBMIT MEMBERSHIP REMITTANCE EVERY MONTH WITH THIS FORM. ONLY PAY COUNCIL DUES

MINIMUM AMOUNT DUE NOVEMBER 2025: \$336.25 = 15 members minimum required + \$250 council dues