# MEMBERSHIP DUES REMITTANCE FORM #1

## ATTENTION – TREASURER AND MEMBERSHIP CHAIR

**POSTMARKED OR HAND DELIVERED BY NOVEMBER 15, 2024**

**(All dues must be postmarked on time.)**

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

MAIL TO: Indiana PTA
6929 E 10th Street. #105
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 OFFICIAL ENROLLMENT _____

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

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_____