**CAMARILLO PTA COUNCIL**

**UNIT MEMBERSHIP REMITTANCE FORM**

**Units must use this sheet when submitting membership monies to Council.**

Date Unit Name

Make check payable to: **Camarillo PTA Council**.

**Mail to council treasurer**:

Elmira Ponti

Address: 6125 Fremont Circle, Camarillo, CA 93012

Phone: 805-469-7296

Email: john\_ponti@verizon.net

**Make a copy for your records**.

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| --- | --- | --- |
| **ITEM DESCRIPTION** | **AMOUNT** | |
| Membership dues: #\_\_\_\_\_\_\_\_\_\_\_ @$ 4.75  (Council, district, State, National PTA portions) | **$** |  |
| Membership Envelopes ($3.00 per 100 or $15 per 500) |  |  |
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| **TOTAL Check #** | **$** |  |