

**CAMARILLO PTA COUNCIL
UNIT GENERAL REMITTANCE FORM**

Units must use this sheet when submitting monies to Council.

Date _____ Unit Name _____

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

Mail to council treasurer:
Christine Wright
4264 N Cedarpine Ln
Moorpark, 93021

Phone: 805-377-2003
Email: cmwright@mail.com

Make a copy for your records.

ITEM DESCRIPTION	AMOUNT
Membership Dues (# _____ x \$4.75)	
Insurance Premium (Due to Council by November 1, 2016)	\$221
PTA Council Assessment (Due by November 1, 2016)	\$300
TOTAL	Check #