

**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:

Marie Hammond

Address: 731 Via Marquesa Camarillo, CA 93012

Phone: 805-570-7107

Email: treasurer.camarilloptacouncil@gmail.com

Make a copy for your records.

ITEM DESCRIPTION		AMOUNT	
Membership dues: #_____ @\$ 4.75 (District, State, National PTA portions)		\$	
Membership Envelopes (\$3.00 per 100 or \$15 per 500)			
TOTAL	Check #	\$	