## 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.

<table>
<thead>
<tr>
<th>ITEM DESCRIPTION</th>
<th>AMOUNT</th>
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| Membership dues: #_______ @$4.75  
(District, State, National PTA portions) | $ |
| Membership Envelopes ($3.00 per 100 or $15 per 500) |  |
| TOTAL | Check # |

$