

**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:

Patty Donovan
Address: 3408 Rockhampton Drive
Camarillo, CA 93012

Phone: (310) 579-7108

Email: treasurer.camarilloptacouncil@gmail.com

Make a copy for your records.

ITEM DESCRIPTION	AMOUNT	
Membership dues: # _____ @\$ 5.75 (District, State, National PTA portions)	\$	
Membership Envelopes (\$3.00 per 100 or \$15 per 500)		
TOTAL Check #	\$	