



LOCAL UNIT MONTHLY DUES REMITTANCE STATEMENT

FOR STATE OFFICE USE ONLY

Date Rec'd _____
Check # _____
Check Date _____
Amount _____

All PTA/PTSAs are legally required to submit membership dues payments to the state office **MONTHLY**, as collected. Each person joining your local unit PTA/PTSA automatically becomes a member of the State and National PTA. Membership Cards should be issued to every paying member.

Please mail check and form to: **Mississippi PTA
P. O. Box 1937
Jackson, MS 39215-1937**

National ID Number:

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 Example: 8 digits in length

0	0	0	0	0	0	0	0
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Complete Name of Local PTA/PTSA _____

Local PTA President _____ Phone _____

Mailing Address _____ City _____ State _____ Zip _____

Email _____

Treasurer _____ Phone _____

Email _____

Signature of Treasurer _____ Date: _____

Membership Report Summary

Total Number of Members Reported _____ x \$3.50 each = \$ _____
Includes 2.25 National PTA Dues and \$1.25 MS PTA Dues

Check One: Elementary School Middle School High School Other
Specify Other _____

The enclosed dues covering the period from _____ to _____

Membership list submission to MS PTA

Each unit must send the unit's membership roster/list that includes members' names, addresses and email to misspta@ymail.com. If email is not a feasible option to submit the list, please include a printed membership list with this mailed form. For your convenience, an Excel file template to use for your membership database can be found on the website: www.misspta.org,

Please indicate how you will submit your membership roster: _____ Email list _____ Mail list

- Send Unit approximately _____ more cards (*Cards will be mailed to President's address*)
- Don't need more cards at this time