



Membership Dues Remittance Form

PTA/PTSA Name:			
PTA/PTSA Email:			
President's Name:			
Region:		Date:	

All membership dues must be paid monthly!

1st submission is due by September 25th

Please attach a list of those members you are reporting on this form

TOTAL MEMBERS IN THIS REPORT	#	
NUMBER OF MEMBERS X \$6.25 (State dues - \$4.00 and National dues - \$2.25)	X	\$6.25
TOTAL REMITTANCE ENCLOSED	=	

1. Make checks payable to Alaska PTA.

2. Remit to: Alaska PTA
P.O. Box 201496
Anchorage, Alaska 99520-1496

3. Attach a list of those members you are reporting on this form – names and addresses

PLEASE MAKE A COPY OF THIS REPORT FOR YOUR RECORDS!!

Please contact Alaska PTA Office with any questions.

Email: office.akpta@gmail.com

Phone: (907) 279-9345

Office Use Only	
Date	_____
Amount	_____
AK PTA	_____
NPTA	_____
Check #	_____

Approved by Alaska PTA Board of Managers on: _____