

Temecula Valley Council



everychild.one voice.

MEMBERSHIP REMITTANCE FORM

Please complete this form in full, make a copy for your records, and MAIL to the COUNCIL MEMBERSHIP CHAIRMAN. **DO NOT** MAIL TO THE COUNCIL TREASURER. The Membership Chairman will give a copy to the treasurer after recording your information.

This form **MUST** accompany all remittances for MEMBERSHIP. The Treasurer cannot accept payment without this form, and a UNIT check*** with TWO authorized signatures. Thank you for your cooperation. If you have any questions, please contact the Membership Chairman at info@tvcpa.org.

Unit Name: _____ Date: _____

Membership Chair's Name: _____ Phone: _____

Unit Address: _____

City, Zip _____

Enclosed is Unit Check number: _____ in the amount of \$ _____

For the following:

Per Capita Dues: _____ at \$4.50 = \$ _____

Membership Envelopes: _____ boxes @ \$10.00 each = \$ _____
(500 per box)

*** CHECKS PAYABLE TO: **Temecula Valley Council PTA**

Mail to:

Temecula Valley Council of PTAs
ATTN: Council Membership Chairman
27475 Ynez Rd., #121
Temecula, CA 92591