

# STATE AND NATIONAL DUES PAYMENT FORM

Use this form for Membership Dues and Founder's Day Gifts Only

All PTA/PTSAs are *legally* required to send membership dues payments to the state office **MONTHLY**, as collected. State and National dues are not to be used as funds for local units or considered part of the local unit's budget.

**For ALL PTA programs, including Reflections, Scholarships and other PTA programs, dues must be paid monthly (and bylaws updated and approved by the State Office within [3] years).**

Units are to make their first membership dues payment by October 31st and each month there after as members join. (This refers to membership dues NOT County Council dues, which may have a separate due date).

Each person joining your local unit PTA/PTSA automatically becomes a member of the state and national associations.

The total amount per member is \$4.25 (state portion of a member's due is \$2.00; the national portion is \$2.25).

**Please complete all sections of this form so that your payment is accurately credited to your local PTA unit.**

This payment covers dues received from the following membership year: \_\_\_ 24-25 or \_\_\_ \_\_\_\_\_ for the following month(s):

Jul    Aug    Sep    Oct    Nov    Dec    Jan    Feb    Mar    Apr    May    Jun

*Note: If no dues are collected during a month, it is NOT necessary to submit this form.*

Full Name of PTA: \_\_\_\_\_ National PTA ID #: 

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PTA Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

County: \_\_\_\_\_ School Telephone #: \_\_\_\_\_

President's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Email: \_\_\_\_\_

Treasurer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Email: \_\_\_\_\_

Date Mailed: \_\_\_\_\_ Total # of new members: \_\_\_\_\_ @ \$4.25 \$ \_\_\_\_\_

**Have your members been entered into Givebacks?\*** PTA Founders Day Gift \$ \_\_\_\_\_

Yes    No   *\*This is the only way members will receive their membership cards, and the only way dues payments will post to Givebacks.* Total Amount Enclosed \$ \_\_\_\_\_

Make checks payable to Free State PTA and mail to:

Free State PTA  
5730 Cottonworth Ave. Box 20924  
Baltimore, MD 21209

**OFFICE USE ONLY**      Date Received: \_\_\_\_\_

County \_\_\_\_\_      Check #: \_\_\_\_\_

Payment Year:  24-25    \_\_\_\_\_       PTA Check    Money Order    Cashier Check

# of Members (\$4.25/each) \_\_\_\_\_      Members entered into Givebacks? \_\_\_\_\_

★ **PLEASE NOTE:** There is a \$35.00 fee for any returned checks.