



★ ONLY USE THIS FORM IF NOT PAYING DUES ELECTRONICALLY THROUGH MEMBERHUB

## STATE AND NATIONAL DUES PAYMENT FORM

Use this form for MEMBERSHIP DUES  
AND FOUNDER'S DAY GIFTS ONLY

For State Office Use Only	
Date Rec'd	_____
Check #	_____
Amt \$	_____ RGN _____
Date entered into MH	_____

All PTA/PTSA's 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 years).** (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 \$3.50 (state portion of a member's due is \$1.25; 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  2020/2021 or  2019/2020 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.

**Have your members been entered into Memberhub?**  Yes  No \*This is the only way your members will receive their 2020-2021 PTA Membership cards.

National PTA ID #

Example 8 digits in length: 

0	1	2	3	4	5	6	7
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Full Name of PTA: \_\_\_\_\_

PTA Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

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

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

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

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

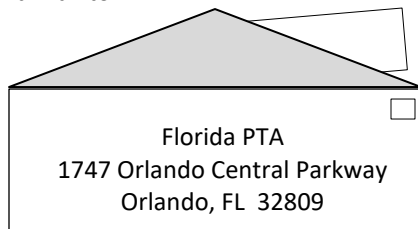
Email: \_\_\_\_\_

Date Submitted: \_\_\_\_\_ Total # of New Members \_\_\_\_\_ @ \$3.50 \$ \_\_\_\_\_

PTA Founders Day Gift \$ \_\_\_\_\_

**TOTAL Amount Enclosed** \$ \_\_\_\_\_

Please make checks payable to Florida PTA and mail to:



★ The State and National portion of dues is paid monthly when memberships are sold. Membership dues must be received by December 15<sup>th</sup> for local units to participate in Reflections and other PTA programs.

★ PLEASE NOTE: There is a \$35.00 fee for any returned check. Due to reporting requirements we **CANNOT refund membership overpayments.**