

2013-2014 SCHOOL YEAR MEMBERSHIP DUES PAYMENT SCHEDULE

This form can be completed electronically (calculating dues amount) and/or printed to complete.

PLEASE REMIT FORM/PAYMENTS BY THE 15^{TH} OF EVERY MONTH PAYMENT MADE IN

Always give EACH INDIVIDUAL MEMBER one (1) membership card as a receipt for their dues.

Local PTA Number _____

| Local PTA Name | | County | |
|--|----------|-----------|---------------|
| TREASURER | | Daytime # | Evening # |
| Address | | | |
| City | Zip Code | E-Mail | |
| MEMBERSHIP CHAIR | | Daytime # | Evening # |
| Address | | | |
| City | Zip Code | E-Mail | |
| Please enter the number of new members and calculate the amount due carefully. Multiply the number of new members by \$4.00 to get the total and submit that amount. NO REFUNDS OR CREDITS WILL BE ISSUED! | | | |
| New Members Enrolled (since last scheduled payment) | | | |
| Total Dues Payment: \$4.00 per member (\$2.25 National PTA Dues/\$1.75 New Jersey PTA Dues) | | | |
| REMEMBERSubmit a payment only for the amount of cards you have physically sold! Do not submit a payment for cards "in advance" of actual sale. Your statement will reflect outstanding cards until payment and/or returns are received at the State Office. All dues payments to the NJPTA Office require a completed Membership Dues Payment Schedule Form. Payments cannot be processed without this form and may otherwise be returned to the attention of your President. UNUSED AND/OR VOIDED CARDS ARE TO BE RETURNED BY JUNE 2, 2014, USING THE ENROLLMENT BREAKDOWN AND UNUSED/VOIDED MEMBERSHIP CARD REPORT, NOT THIS FORM. | | | |
| Please mail the form and a check payable to NJPTA to the address listed below: New Jersey PTA 8 Quakerbridge Plaza, Suite F Mercerville, NJ 08619 609-587-0100 | | | |
| (For Office Use Only) | | | |
| Check # | | | |
| Date Received | | | |
| Amount Received | | | count Balance |