



everychild.onevoice.

ONLY USE THIS FORM IF PAYING DUES BY PTA CHECK

STATE AND NATIONAL DUES PAYMENT FORM

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

All PTA/PTSA 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 a 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).** Membership dues must be received by December 15th for local units to participate in Reflections and other PTA programs. (This refers to membership dues, NOT County Council dues, which may have 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: 2024-25 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: _____ NTL PTA ID #:

--	--	--	--	--	--	--	--	--	--

PTA Address: _____ City: _____ Zip: _____

County: _____ School Telephone #: _____

President's Name: _____ Phone #: _____

Email: _____

Treasurer's Name: _____ Phone #: _____

Email: _____

Date Mailed: _____ Total # of New Members: _____ @ \$3.50 \$ _____

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

No Yes **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 payable to Florida PTA and mail to:

Florida PTA
1747 Orlando Central Parkway
Orlando, FL 32809

OFFICE USE ONLY Date Received: _____

Payment Year: _____ Check #: _____

of Members: _____ PTA Check Money Order Cashier Check

Region: _____ Amount: \$ _____ Entered into GB: _____ QB: _____

* PLEASE NOTE: There is a \$35 fee for any returned checks. Due to reporting requirements, we CANNOT refund membership overpayments.