



**PALOMAR COUNCIL PTA
2020 - 2021 UNIT REMITTANCE FORM**

Unit _____ Date _____

Total Membership on this report: _____

ITEM DESCRIPTION	AMOUNT
Insurance Premium (\$258) - <i>required by 11/3/20</i>	
Council Assessment (\$100) - <i>required by 11/3/20</i>	
Membership dues \$5.85/capita - <i>required 11/3/20</i>	
CHECK #:	TOTAL 0.00

**Make checks payable to Palomar Council PTA. Mail to:
Steve Tutunjian, PO Box 28644, San Diego, CA 92198**

Note: All checks must have two signatures.

Send one copy of this form with your check, and keep one for your records.

A part of the total sum sent for the National portion of PTA membership dues is payment for one year's subscription to **Our Children** of the National Congress of Parents and Teachers, which will be sent to the president of each local unit.

COUNCIL TREASURER

**Stephanie Cole (treasurer@palomarcouncil.com)
(858) 539 3369**

COUNCIL FINANCIAL SECRETARY

**Steve Tutunjian (financialsecretary@palomarcouncil.com)
(858) 382-0911**

Palomar Council Copy



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