STATEMENT TO ACCOMPANY DUES PAYMENTS TO THE NEW HAMPSHIRE PTA
FIRST PAYMENT DUE DECEMBER 10, 2011

DATE: _____ NAME OF UNIT:_____
DATE OF LAST AUDIT: ___/___ /____ 100% Faculty Membership? ___Yes ___No

DUES: No. of members @ $3.75: _____ = _____
(Dues of $3.75 per member include $2.25 National portion and $1.50 State portion and insurance)
FOUNDERS DAY GIFT…….. _____
GIFT TO SCHOLARSHIP FUND……. _____

TOTAL $ _____
Additional Membership Cards Needed: _____ Entered into OMDR _____
(Online Membership Data Reporting)
Signed: _____
(Local Unit Treasurer)
Address: _____ Telephone:_____
_____ Email: _____

Please make checks payable to: *New Hampshire PTA*
Mail to: New Hampshire PTA, 24 Maxwell Drive, Derry, NH 03038
You may remit dues at any other time as well. Please use this form for all dues.
----------(cut here)----------

STATEMENT TO ACCOMPANY DUES PAYMENTS TO THE NEW HAMPSHIRE PTA
SECOND PAYMENT DUE MARCH 10, 2012

DATE: _____ NAME OF UNIT:_____
DATE OF LAST AUDIT: ___/___ /____ 100% Faculty Membership? ___Yes ___No

DUES: No. of members @ $3.75: _____ = _____
(Dues of $3.75 per member include $2.25 national portion and $1.50 state portion and insurance)
FOUNDERS DAY GIFT……. _____
GIFT TO SCHOLARSHIP FUND…… _____

TOTAL $ _____
Additional Membership Cards Needed: _____ Entered into OMDR _____
(Online Membership Data Reporting)

Signed: _____
(Local Unit Treasurer)
Address: _____ Telephone: _____
_____ Email: _____

Please make checks payable to: *New Hampshire PTA*
Mail to: New Hampshire PTA, 24 Maxwell Drive Derry, NH 03038
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