Free State PTA®
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★ 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

All PTA/PTSAs are 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).
Units are to make their first membership dues payment by October 31st and each month there after as members join. (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 $4.25 (state portion of a member's due is $2.00; 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: __ 22-23 *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: _____ National 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: _____ @ $4.25 $ _____

Have your members been entered into MemberHub?*

☐ **Yes** ☐ **No** **This is the only way members will receive their membership cards, and the only way dues payments will post to Memberhub.*

PTA Founders Day Gift $ _____

Total Amount Enclosed $ _____

Make checks payable to Free State PTA and mail to:

Free State PTA
5730 Cottonwood Ave., Box 20924
Baltimore, MD 21209

OFFICE USE ONLY

Date Received: _____

County _____ Check #: _____

Payment Year: ☐ 22-23 ☐ _____ ☐ PTA Check ☐ Money Order ☐ Cashier Check

# of Members ($4.25/each) _____ Members entered into Memberhub? _____

★ **PLEASE NOTE**: There is a $20.00 fee for any returned checks.

Questions? Email: Membership@fspta.org | Web: www.FSPTA.org

2021-2022