

# Maryland State and National PTA Dues Remittance Form

Thank you for this dues submission. Submission of the officer contact information below is *optional*, but essential in continuing to provide communication and support. Please be assured that National PTA does not share any contact information outside of the association. If you have already provided this information in a previous submission, just check the box "No Changes."

No Changes

## Section 1 - Membership Dues

Enter National PTA Local  
Unit ID Number & Name

Local Unit ID Number

Local Unit Name

Contact Information

Contact Name

Contact Position & Term

Contact Email Address

Contact Phone No.

Period Dues Submitted for

to

Start Date

End Date

Enter the Number of New  
Members, since last report

X \$4.25 = \$

*(You may submit a roster of members and email addresses separately)*

## Section 2 - Officer list

Name of Officer (First, MI, Last)	Position Title	Term Start Date	Term End Date	Position Specific Email Address	Personal Email Address
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Submitted by:

Date

Make your check payable to "National PTA" and enter MD PTA Dues in the memo line.

If you have questions or need help, please contact: Jim Thomasell at (703) 518-1247 or [jthomasell@pta.org](mailto:jthomasell@pta.org).

Mail your Check and this Form to:

National PTA  
1250 N. Pitt Street  
Alexandria, VA 22314  
Attn: CFO/MDPTA