

UNIT CODE	PTA NAME	PAY MONTHLY
		as Members Join

**PLEASE REMEMBER TO INCLUDE YOUR UNIT CODE NUMBER and UNIT NAME!! Retain a copy for your records.**

DUES PAYMENT for \_\_\_\_\_ (how many) Members @ \$4.00 each \$ \_\_\_\_\_

<i>Office Use Only</i>
Batch _____
Date _____
CK# _____

CREDIT VOUCHER(S) CV# \_\_\_\_\_ Credit Amount DEDUCT \$ \_\_\_\_\_  
 CV# \_\_\_\_\_ Credit Amount DEDUCT \$ \_\_\_\_\_  
 CV# \_\_\_\_\_ Credit Amount DEDUCT \$ \_\_\_\_\_

BALANCE DUE CHECK AMOUNT \$ \_\_\_\_\_

**TWO SIGNATURES ARE REQUIRED ON ALL PTA CHECKS payable to New York State PTA**

..... CUT APART HERE .....

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