



2016 - DUES REPORTING FORM - 2017

Date _____

PTA NAME: _____ PTA DISTRICT/REGION _____

School Name & Address:

(City) (Zip)

Local Unit President:

Local Unit Treasurer's Name & Address:

(City) (Zip)

Telephone: () _____

Number of PTA members _____ @ \$4.25 each

TOTAL PAID \$ _____ **

Our policy is to issue no refund or make any adjustments on dues payments that have been processed. THERE IS A \$25.00 FEE FOR ANY RETURNED CHECK.

MAIL TO:
ILLINOIS PTA
P. O. BOX 907
SPRINGFIELD, IL 62705-0907

For Office Use Only
CK # _____



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