IOWA AND NATIONAL PTA
MONTHLY DUES REMITTAL FORM

Monthly dues must be received by the last day of each month for any memberships sold during the month.
Mail to: Iowa PTA, PO Box 10634, Cedar Rapids, IA 52410

Name of PTA/PTSA ________________________________
School District ________________________________
Treasurer ________________________________
Address ________________________________
City_________________________ Zip __________
Day Phone_________Eve.Phone ____________
Fax __________ Email ___________________________
President __________________________ Address
City_________________________Zip __________
Day Phone_________Eve.Phone ____________
Fax __________ Email ___________________________

Month of _________________
# of New Members __________

Iowa Dues $2.50 x # of Members $______
National Dues $2.25 x # of Members $______
Total Enclosed $______

Errors under $10.00 will not be returned so please double-check your information.

Important Information:
• The unit treasurer credits to the Iowa PTA the amount covering both Iowa and National dues.
  o These portions of dues should NOT be recorded as part of the local PTA unit’s income.
• A minimum of twenty-five (25) members constitutes a unit in good standing.
• Submit an electronic copy of your membership to the Iowa PTA office at info@iowapta.org using the Membership Roster available on the Iowa PTA website at http://www.iowapta.org/index.php/membership/membership-forms
• Additional copies of this form can be made and used for submission of dues.

IOWA PTA OFFICE USE ONLY
Date Received __________ Amount of Check $__________ Check #__________
Number of New Members __________________________
Errors found: No_____ Yes______ (if yes, fill out below) Amount $__________
Unit Person Contacted _______________________ Date Contacted ____________
Explanation ____________________________

Amount Returned $________ Iowa PTA check #________ Iowa PTA Staff Initials

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