

# STATE AND NATIONAL DUES PAYMENT FORM

Use this form for National & State Membership Dues and Founder's Day Gifts Only

All PTA/PTSA's are *legally* required to send membership dues payments to the state office **MONTHLY**, as collected. **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).**

Membership dues must be received by December 15th for local units to participate in Reflections and other PTA programs. (This refers to membership dues, NOT County Council dues, which may have 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 \$4.50 (state portion of a member's due is \$1.25; the national portion is \$3.25).

**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: ☐ 2025-26 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: \_\_\_\_\_ NTL 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: \_\_\_\_\_ @ \$4.50 \$ \_\_\_\_\_

**Have your members been entered into Givebacks?\*** PTA Founders Day Gift \$ \_\_\_\_\_

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

Total Amount Enclosed \$ \_\_\_\_\_

Make payable to Florida PTA and mail to:

Florida PTA  
1747 Orlando Central Parkway  
Orlando, FL 32809

## OFFICE USE ONLY

Date Received: \_\_\_\_\_

Payment Year: \_\_\_\_\_ Check #: \_\_\_\_\_

# of Members: \_\_\_\_\_ ☐ PTA Check ☐ Money Order ☐ Cashier Check

Region: \_\_\_\_\_ Amount: \$ \_\_\_\_\_ Entered into GB: \_\_\_\_\_ QB: \_\_\_\_\_

**★ PLEASE NOTE:** There is a \$35 fee for any returned checks. Due to reporting requirements, we **CANNOT refund membership overpayments.**