

# LODI COUNCIL PTA

## REMITTANCE FORM

PTA/PTSA NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

TREASURER NAME \_\_\_\_\_

CONTACT INFO: \_\_\_\_\_

MEMBERSHIP DUES AND INSURANCE	DUE DATE	AMOUNT DUE	TOTAL
FIRST MEMBERSHIP REMITTANCE (MIN. OF 30 MEMBERS)	October 1	\$5.00 x ____	
INSURANCE (\$25 LATE FEE IF AFTER DEC. 1)	October 1	\$232.00	
MONTHLY MEMBERSHIP REMITTANCE	Monthly	\$5.00 x ____	
Assessment Fee	October 1	\$50.00	
		TOTAL AMOUNT	

TASK	DUE DATE	DONE
End of year Audit	September 15	<input type="checkbox"/>
Annual Financial Report	September 15	<input type="checkbox"/>
Annual Adopted Budget For current year	September 15	<input type="checkbox"/>
Tax Return State, Federal and RRF1	October 1	<input type="checkbox"/>
Work's Compensation Annual Payroll form send with insurance payment	October 1	<input type="checkbox"/>
Midyear audit	February 1	<input type="checkbox"/>
Annual Historian Report (calculate hours through end of June)	April 1	<input type="checkbox"/>
New officers List	April 15	<input type="checkbox"/>

If you have any questions please feel free to email [cagmhg@yahoo.com](mailto:cagmhg@yahoo.com) or [brian.to@sbcglobal.net](mailto:brian.to@sbcglobal.net)

PLEASE MAIL TO:  
**Lodi Council TREASURER**  
 Charlene Goodman  
 7147 Richland Way  
 Stockton, CA, 95207

Make checks payable to:  
**Lodi Council PTA**