



# Unit/Council Dues Remittance Form

Annual unit/council dues – \$25.00  
 Due date – June 1, 2009  
 Make checks payable to: Michigan PTSA

**RETURN COMPLETED FORM, ALONG WITH \$25.00 UNIT DUES, TO THE MICHIGAN PTSA OFFICE:**

**Michigan PTSA  
 3300 Washtenaw Ave., Suite 220  
 Ann Arbor, MI 48104-4294**

*Completion required even if your 2009-2010 Officers and Committee Chairs are the same as they were in 2008-2009. Both sides of this form must be completed with all requested information or unit packets **cannot** be processed.*

**Unit/Council Name** \_\_\_\_\_ **MI ID#** \_\_\_\_\_ **Region** \_\_\_\_\_

**Council/County** \_\_\_\_\_ **School District** \_\_\_\_\_

**School Principal** \_\_\_\_\_ **Principal's E-mail** \_\_\_\_\_

National PTA ID Number: \_\_\_\_\_ Unit/Council EIN: \_\_\_\_\_ - \_\_\_\_\_

Date bylaws were last approved: \_\_\_\_/\_\_\_\_/\_\_\_\_ Group Exemption letter on file? € YES € NO

In what month do you hold elections? \_\_\_\_\_

In what month do new officers assume office? \_\_\_\_\_

When are your meetings held? \_\_\_\_\_

*Please type or print. DO NOT USE SCHOOL ADDRESS!!!  
 Most information from the MPTSA office is sent via e-mail – Please list an e-mail address that you are able to receive regular e-communications at.*

**President** \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

**E-mail** \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

**Vice President** \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

**E-mail** \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

**Secretary** \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

**E-mail** \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

<b>FOR MPTSA OFFICE USE ONLY</b>		
Date Received _____	Check Number _____	Amount _____
Processed By _____	Note _____	

**Treasurer** \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

**E-mail** \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

**Membership Chair** \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

**E-mail** \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

**Health & Welfare Chair** \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

**E-mail** \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

**Reflections Chair** \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

**E-mail** \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

**Legislative Chair** \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

**E-mail** \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

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**Michigan PTSA units/councils in good standing are eligible to:**

- **Be considered tax-exempt under the group exemption of the Michigan PTSA**
- **Participate in the Reflections Program**
- **Vote at Convention**
- **Receive State-level award recognition**
- **Present Appreciation Awards**

**To be in good standing, units/councils must:**

- **Remit annual dues**
- **Register officer names and contact information with the state office**
- **Remit membership dues to the state office by the 28<sup>th</sup> of each month (local units only)**
- **Have a minimum of 25 members (local units only)**
- **Submit a copy of their annual budget and audit to the state office**
- **Review and/or revise bylaws every three (3) years and submit them to the state office for approval**

*Refer to your Local Unit/Council Officers' Handbook for additional information.*

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