

**Capistrano Unified Council of PTSA
Membership Dues Per Capita Worksheet 2006 - 2007**

School: _____

President: _____ Phone: _____

Membership Chair: _____ Phone: _____

Please make one (1) check payable to “CUCPTSA” for total members

Total Members _____ x \$3.75 = \$ _____

Membership Roster: Roster can be attached to this form, emailed to me (membership@cucptsa.com) or put on disk. Please check one:

_____ **Roster attached** _____ **Roster emailed** _____ **Disk attached**

Bring this form, check and roster to the Council Meeting. All Per Capita dues to the District, State, and National PTA are paid through Council.

If you are unable to attend the meeting mail your form, check and roster to:

Please feel free to call or email if you have any questions.

Thank You!

Cindy Putman

membership@cucptsa.com

