SANTA MONICA-MALIBU COUNCIL PTA everychild.onevoice.

Santa Monica-Malibu Council of PTAs / Financial Remittance Form

Unit:	
Treasurer:	
Email/Phone:	
Date:	

Please use this form when submitting monies to the council for any reason. Checks must have two signatures and be payable to **Santa Monica-Malibu Council of PTAs**

Item description	Amount
Membership Dues: #_____@ $6.25 (send in new memberships monthly)	$
Founders Day Donation: (amount in your unit budget -- due February 2026)	$
Unit Assessment: $300 (send this in as soon as you can)	$
Zoom Payment: $219.89 (send this in as soon as you can)	$
Conference/Convention/Workshops:	$
Council Directories/Membership Envelopes:	$
Other:	$
	$
Check # **TOTAL:**	$

Notes:_____

_____

Please make a copy for your records.
Send payment and this form to the Council Financial Secretary:

Santa Monica-Malibu Council of PTAs
% Heidi Vega Aimonetti
1717 4th Street, Santa Monica, CA 90401
smmpta.financial.secretary@gmail.com

Form Updated June 2025