



MIAMI-DADE COUNTY COUNCIL PTA/PTSA

U.S. Mail: 1450 NE 2nd Avenue – Room 103 • Miami, Florida 33132 / School Mail: SBAB 9999 – Room 103
Phone: (305) 995-1102 • Fax: (305) 995-1105 • E-Mail: info@dccptapsa.org • Website: www.dccptapsa.org

Council Dues 2010-2011

Miami-Dade County Council PTA/PTSA 2010-2011 local unit dues of **\$150.00** are due by **September 30, 2010**. Your County Council dues include the liability insurance that Miami-Dade County Public Schools requires each local unit to carry. Dues received after December 15th incur an additional \$25.00 reinstatement fee, which brings the total amount due to **\$175.00**. Unit liability insurance certificates are issued by AIM Insurance upon receipt of payment.

Additionally, all local units must have at least one member that has trained within the past 12 months on proper fiscal management. Training may be received at a County Council, State and/or National PTA events. **County Council dues must be paid prior to any PTA events taking place.**

PLEASE PRINT

PTA/PTSA Name: _____

Address: _____

City: _____ Zip: _____

Region 1

Region 2

Region 3

Region 4

Region 5

School Mail Code: _____ E-mail: _____

President's Name: _____ Phone: _____ E-Mail: _____

Treasurer's Name: _____ Phone: _____ E-Mail: _____

Name of PTA/PTSA Bank: _____

Check #: _____ Date: _____ Date Check Mailed: _____

Make check payable to: **MIAMI-DADE COUNTY COUNCIL PTA/PTSA or M-DCC PTA/PTSA**

Note 1:

US Mail:

Miami-Dade County Council PTA/PTSA
ATTN: Ms. Gisela Eckel
1450 NE 2nd Avenue - Room 103
Miami, FL 33132

School Mail:

9999 - Room 103
Miami-Dade County Council PTA/PTSA
ATTN: Ms. Gisela Eckel

Note 2:

Contact Aim at 1-800-876-4044 for additional insurance information.

Note 3:

Each month mail membership dues of **\$3.00** for each new member of your local unit to:
Florida State PTA
1747 Orlando Central Pkwy
Orlando, FL 32809

Note 4:

Keep a copy of this document for your records.

M-DCC PTA/PTSA TREASURER'S USE ONLY

Received on: _____ Local Unit Trained: _____ State/National Dues: _____ AIM: _____ Date of Deposit: _____