



Virginia PTA Request for Refund of Local Unit Dues Overpayment for State and National PTA Dues

Requests for return of overpayment of membership dues will be honored if made in writing within 60 days of payment and prior to the close of the membership year. Thereafter, refunds may be granted at the discretion of the state president and vice president of membership and may be limited to the state portion of the overpayment. Determinations will be made on a case by case basis.

In accordance with this procedure the following must be taken in order to have a refund request honored.

1. All requests for a refund must be made by submitting the attached form within the specified 60 days to the state bookkeeper at finance@vapta.org.
2. Requests should be submitted and signed by the unit president and treasurer and must include the following information:
 - ✓ Unit Name and National PTA ID Number
 - ✓ Payment amount submitted, date of dues payment
 - ✓ Membership Year of overpayment
 - ✓ Number of members paid for
 - ✓ Number of membership that should have been paid for
 - ✓ Payment amount for correct number of members
 - ✓ Amount requested for refund
 - ✓ Name, position, email, and phone number of the treasurer
3. Failure to follow this procedure could result in denial of all or part of the request. If you have additional questions regarding this process or any other membership issue contact the vice president of membership for assistance.

Important Note: Careful record keeping and accurate calculations are strongly advised in order to avoid errors.

Submit Request for Refund for Overpayment of Membership Dues on next page.

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PLEASE COMPLETE and RETURN to: finance@vapta.org

*See notation about time frame for State and National PTA Dues Refund (60 days within payment or prior to close of membership year)

Unit Name: _____ National PTA ID _____

Payment Amount: \$ _____ Date of Dues Payment: _____

MemberHub Check # _____

Membership Year of Overpayment: _____ Number of Members Paid for: _____

Corrected Number of Members that should have been paid for: _____

Corrected Amount of Membership Dues: \$ _____ Refund Requested for: \$ _____

LOCAL UNIT CONTACT:

President Name: _____ Email: _____

Telephone: _____ Signature _____

Treasurer Name: _____ Email: _____

Telephone: _____ Signature _____

Explanation for requested refund for overpayment of State and National PTA dues:

VA PTA VP Membership Reviewed on: Date: _____

Recommendation:

VA PTA State Office Reviewed on: Date: _____

Action taken: