



OREGON MUSIC TEACHERS ASSOCIATION

REMITTANCE FORM

To the Treasurer of OMTA:

Date: _____

Committee or Event: _____ Category #: _____

Registration: _____

Fees: _____

Sales: _____

Other (Please specify): _____

Totals: \$ _____

Signature: _____ Address: _____

Phone: (____) _____ City: _____ State: _____ Zip: _____



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