

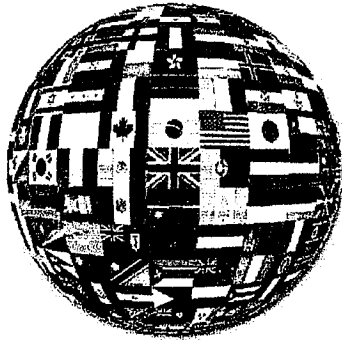


**ILEETA**  
**International Law Enforcement**  
**Educators and Trainers Association**

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**(262) 279-7879**

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## Mission Statement



As an organization, ILEETA is committed to the reduction of law enforcement risk through the enhancement of training for criminal justice practitioners.

As ILEETA members, we are fully committed to the saving of lives through the development and delivery of high quality training.

As training and education professionals, we are committed to the safety and security of our fellow citizens, and the furtherance of understanding between society and the criminal justice professions.



▲  
**TOP**

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TO THE COUNTY AUDITOR  
AFFIDAVIT FOR MEMBERSHIP DUES

THE STATE OF TEXAS

COUNTY OF HIDALGO

I, VICTOR VALDEZ, do hereby state that my membership in the INTERNATIONAL LAW ENFORCEMENT EDUCATORS AND TRAINERS ASSOC. on behalf of Hidalgo County is necessary in the performance of my duties as an official/employee of Hidalgo County. I further state the following:

- 1.) My participation in the association or organization is for the betterment of County Government and the benefit of me as a County Official or employee;
- 2.) The association of organization is not affiliated with a labor organization;
- 3.) Neither the association or organization nor an employee of the association or organization directly or indirectly influences or attempts to influence the outcome of any legislation pending before the legislature, except for the providing of information for a member of the legislative committee at the request of the committee or member of the legislature; and
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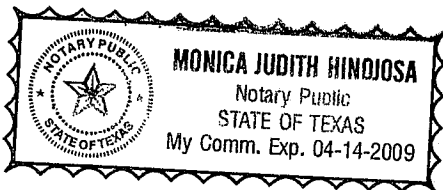
SIGNATURE: \_\_\_\_\_

*Victor Valdez*

TITLE: \_\_\_\_\_

SERGEANT

Before me MONICA J. HINOJOSA, a Notary Public, appeared VICTOR VALDEZ and on his/hers oath deposed and stated that the facts as set forth in the above affidavit to be true and correct in every respect.



*Monica Hinojosa*

NOTARY PUBLIC IN AND FOR THE  
STATE OF TEXAS

AUTHORITY: LGC Sec. 113.064b

COUNTY AUDITOR'S FORM: SFA-CA-041

# ILEETA

## International Law Enforcement Educators and Trainers Association

### MEMBERSHIP APPLICATION

NOTE: New applicants – You must prove that you are an instructor. PLEASE include copies of instructor certifications. If you can't, you still need to show proof that you are an instructor, trainer or educator of criminal justice personnel. If we have any questions, we will verify your credentials.

Please CLEARLY print.

It's not what you see, it's what we see that's important, so it is imperative that we be able to read your printing. PLEASE.

Name VALDEZ VICTOR Rank/Title Sergeant  
LAST FIRST MI

Name as Desired on Certificate and Membership Card VICTOR VALDEZ

Agency HIDALGO COUNTY SHERIFFS OFFICE

Agency Street Address 715 EL CIBOLO RD.

1

City EDINBURG State TX Zip 78541

Country (if other than US) \_\_\_\_\_

Agency Phone 956-381-7979 Agency Fax 956-381-7997

Agency E-Mail victor.valdez@hidalgo.org Agency Web Site www.hidalgo.org

Home Street Address 413 N. 6<sup>th</sup>

City Donna State TX Zip 78537

Country (if other than US) \_\_\_\_\_

Home Phone 956-464-5325 Home Fax —

Home E-Mail — Personal Web Site —

SEND CORRESPONDENCE TO MY (CIRCLE ONE)  HOME  AGENCY

As the above person's supervisor, I certify that he / she is assigned to education or training duties, either full or part time, within the criminal justice system.

Name Armando Camps Rank/Title Captain Signature Camps

ILEETA sponsor (if any) \_\_\_\_\_ Sponsor's ILEETA Number \_\_\_\_\_

#### PAYMENT INFORMATION

ILEETA MEMBERSHIP DUES (FOR 12 FULL MONTHS) ARE \$50 ANNUALLY (\$55 OUTSIDE US)

RENEWAL DUES ARE \$45 (\$50 OUTSIDE US)

Method (circle one):  Check/Money Order Enclosed  Credit Card

M/C or VISA Number \_\_\_\_\_ Expiration Date (mm/yyyy) \_\_\_\_\_

Name as it appears on card \_\_\_\_\_ Signature \_\_\_\_\_

QUESTIONS? CALL ILEETA HQ. AT 262.279.7879 OR FAX INQUIRIES TO 262.279.5758 E-MAIL AT INFO@ILEETA.ORG

PLEASE SEND COMPLETED FORM TO: ILEETA, P.O. BOX 1003, TWIN LAKES, WI USA 53181-1003

# ILEETA

## International Law Enforcement Educators and Trainers Association

### MEMBERSHIP APPLICATION

**NOTE: New applicants** – You must prove that you are an instructor. **PLEASE include copies of instructor certifications.** If you can't, you still need to show proof that you are an instructor, trainer or educator of criminal justice personnel. If we have any questions, we will verify your credentials.

Please **CLEARLY** print.

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PLEASE.

Name Garza Pablo Rank/Title Sergeant  
LAST FIRST MI

Name as Desired on Certificate and Membership Card Pablo Garza

Agency Hidalgo County Sheriff's Office

Agency Street Address 715 El Cibolo Rd.

City Edinburg State Tx Zip 78541

Country (if other than US) \_\_\_\_\_

Agency Phone (956) 321-7979 Agency Fax (956) 321-7997

Agency E-Mail Paul Garza @hidcho<sup>so.org</sup> Agency Web Site www.hidalgoso.org

Home Street Address 801 Pacific Avenue

City Edinburg State Tx Zip 78539

Country (if other than US) \_\_\_\_\_

Home Phone (956) 287-7911 Home Fax \_\_\_\_\_

Home E-Mail \_\_\_\_\_ Personal Web Site \_\_\_\_\_

SEND CORRESPONDENCE TO MY (CIRCLE ONE)  HOME  AGENCY

As the above person's supervisor, I certify that he / she is assigned to education or training duties, either full or part time, within the criminal justice system.

Name Armando Campos Rank/Title Captain Signature [Signature]

ILEETA sponsor (if any) \_\_\_\_\_ Sponsor's ILEETA Number \_\_\_\_\_

#### PAYMENT INFORMATION

ILEETA MEMBERSHIP DUES (FOR 12 FULL MONTHS) ARE \$50 ANNUALLY (\$55 OUTSIDE US)

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Name as it appears on card \_\_\_\_\_ Signature \_\_\_\_\_

QUESTIONS? CALL ILEETA HQ. AT 262.279.7879 OR FAX INQUIRIES TO 262.279.5758 E-MAIL AT INFO@ILEETA.ORG

PLEASE SEND COMPLETED FORM TO: ILEETA, P.O. BOX 1003, TWIN LAKES, WI USA 53181-1003

TO THE COUNTY AUDITOR  
AFFIDAVIT FOR MEMBERSHIP DUES

THE STATE OF TEXAS

COUNTY OF HIDALGO

I, PABLO GARZA, do hereby state that my membership in the INTERNATIONAL LAW ENFORCEMENT EDUCATORS AND TRAINERS ASSOC. on behalf of Hidalgo County is necessary in the performance of my duties as an official/employee of Hidalgo County. I further state the following:

- 1.) My participation in the association or organization is for the betterment of County Government and the benefit of me as a County Official or employee;
- 2.) The association of organization is not affiliated with a labor organization;
- 3.) Neither the association or organization nor an employee of the association or organization directly or indirectly influences or attempts to influence the outcome of any legislation pending before the legislature, except for the providing of information for a member of the legislative committee at the request of the committee or member of the legislature; and
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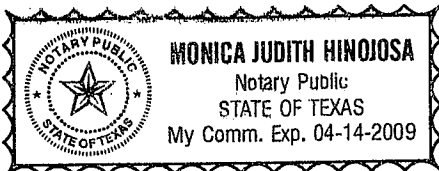
SIGNATURE: \_\_\_\_\_

*Pablo Garza*

TITLE: \_\_\_\_\_

SERGEANT

Before me MONICA J. HINOJOSA, a Notary Public, appeared PABLO GARZA and on his/hers oath deposed and stated that the facts as set forth in the above affidavit to be true and correct in every respect.



*Monica J. Hinojosa*  
\_\_\_\_\_  
NOTARY PUBLIC IN AND FOR THE  
STATE OF TEXAS

AUTHORITY: LGC Sec. 113.064b

COUNTY AUDITOR'S FORM: SFA-CA-041

# ILEETA

## International Law Enforcement Educators and Trainers Association

### MEMBERSHIP APPLICATION

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Please CLEARLY print.

It's not what you see, it's what we see that's important, so it is imperative that we be able to read your printing.  
PLEASE.

Name WILEMON Tom F Rank/Title SENIOR DEPUTY  
LAST FIRST MI

Name as Desired on Certificate and Membership Card TOM F. WILEMON

Agency HIDALGO COUNTY SHERIFF'S OFFICE

Agency Street Address 711 EL CIBOLO RD.

City EDINBURG State TEXAS Zip 78542

Country (if other than US) \_\_\_\_\_

Agency Phone 956-381-7979 Agency Fax 956-381-7997

Agency E-Mail Tom.Wilemon Agency Web Site @hidalgoso.org

Home Street Address 6504 N. 17th

City MALLEN State TEXAS Zip 78504

Country (if other than US) \_\_\_\_\_

Home Phone 956-686-2808 Home Fax None

Home E-Mail twilemon Personal Web Site @mgv.fr.com

SEND CORRESPONDENCE TO MY (CIRCLE ONE)  HOME  AGENCY

As the above person's supervisor, I certify that he / she is assigned to education or training duties, either full or part time, within the criminal justice system.

Name Armando Campos Rank/Title Captain Signature Campos

ILEETA sponsor (if any) \_\_\_\_\_ Sponsor's ILEETA Number \_\_\_\_\_

#### PAYMENT INFORMATION

ILEETA MEMBERSHIP DUES (FOR 12 FULL MONTHS) ARE \$50 ANNUALLY (\$55 OUTSIDE US)

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Name as it appears on card \_\_\_\_\_ Signature \_\_\_\_\_

QUESTIONS? CALL ILEETA HQ. AT 262.279.7879 OR FAX INQUIRIES TO 262.279.5758 E-MAIL AT INFO@ILEETA.ORG

PLEASE SEND COMPLETED FORM TO: ILEETA, P.O. BOX 1003, TWIN LAKES, WI USA 53181-1003

TO THE COUNTY AUDITOR  
AFFIDAVIT FOR MEMBERSHIP DUES

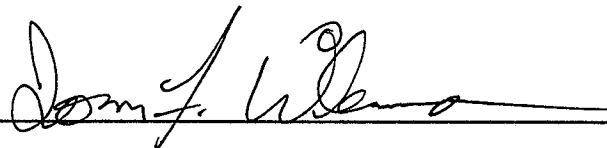
THE STATE OF TEXAS

COUNTY OF HIDALGO

I, TOM F WILEMON, do hereby state that my membership in the INTERNATIONAL LAW ENFORCEMENT EDUCATORS AND TRAINERS ASSOC. on behalf of Hidalgo County is necessary in the performance of my duties as an official/employee of Hidalgo County. I further state the following:

- 1.) My participation in the association or organization is for the betterment of County Government and the benefit of me as a County Official or employee;
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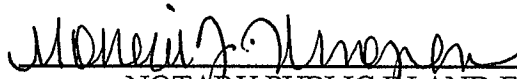
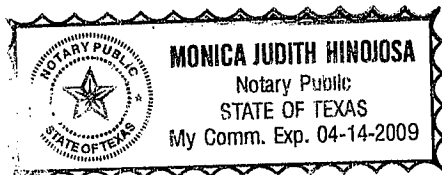
SIGNATURE: \_\_\_\_\_



TITLE: \_\_\_\_\_

SENIOR DEPUTY

Before me MONICA J. HINOJOSA, a Notary Public, appeared TOM F WILEMON and on his/hers oath deposed and stated that the facts as set forth in the above affidavit to be true and correct in every respect.



NOTARY PUBLIC IN AND FOR THE  
STATE OF TEXAS

AUTHORITY: LGC Sec. 113.064b

COUNTY AUDITOR'S FORM: SFA-CA-041

# ILEETA

## International Law Enforcement Educators and Trainers Association

### MEMBERSHIP APPLICATION

**NOTE: New applicants** – You must prove that you are an instructor. **PLEASE include copies of instructor certifications.** If you can't, you still need to show proof that you are an instructor, trainer or educator of criminal justice personnel. If we have any questions, we will verify your credentials.

Please **CLEARLY** print.

It's not what you see, it's what we see that's important, so it is imperative that we be able to read your printing.  
**PLEASE.**

Name Brown Jesse J Rank/Title Rangemaster  
LAST FIRST MI

Name as Desired on Certificate and Membership Card \_\_\_\_\_

Agency Hidalgo County Sheriff's Office

Agency Street Address 711 East FL Cibola

City Edinburg State Texas Zip 78542

Country (if other than US) \_\_\_\_\_

Agency Phone 956-383-8114 Agency Fax 956-381-7997

Agency E-Mail \_\_\_\_\_ Agency Web Site \_\_\_\_\_

Home Street Address 500 Date palm

City McAllen State Texas Zip 78501

Country (if other than US) \_\_\_\_\_

Home Phone 956-279-2522 Home Fax N/A

Home E-Mail \_\_\_\_\_ Personal Web Site \_\_\_\_\_

SEND CORRESPONDENCE TO MY (CIRCLE ONE)  HOME  AGENCY

As the above person's supervisor, I certify that he / she is assigned to education or training duties, either full or part time, within the criminal justice system.

Name Armando Campos Rank/Title Captain Signature [Signature]

ILEETA sponsor (if any) \_\_\_\_\_ Sponsor's ILEETA Number \_\_\_\_\_

#### PAYMENT INFORMATION

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QUESTIONS? CALL ILEETA HQ. AT 262.279.7879 OR FAX INQUIRIES TO 262.279.5758 E-MAIL AT INFO@ILEETA.ORG

PLEASE SEND COMPLETED FORM TO: ILEETA, P.O. BOX 1003, TWIN LAKES, WI USA 53181-1003

TO THE COUNTY AUDITOR  
AFFIDAVIT FOR MEMBERSHIP DUES

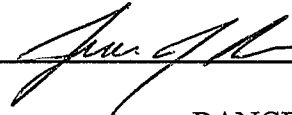
THE STATE OF TEXAS

COUNTY OF HIDALGO

I, JESSE J BROWN, do hereby state that my membership in the INTERNATIONAL LAW ENFORCEMENT EDUCATORS AND TRAINERS ASSOC. on behalf of Hidalgo County is necessary in the performance of my duties as an official/employee of Hidalgo County. I further state the following:

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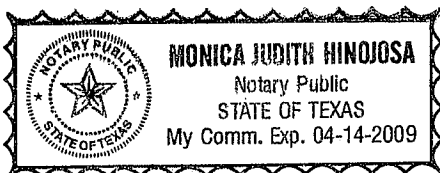
SIGNATURE: \_\_\_\_\_



TITLE: \_\_\_\_\_

RANGEMASTER

Before me MONICA J. HINOJOSA, a Notary Public, appeared JESSE J BROWN and on his/hers oath deposed and stated that the facts as set forth in the above affidavit to be true and correct in every respect.



Monica Hinojosa  
NOTARY PUBLIC IN AND FOR THE  
STATE OF TEXAS

AUTHORITY: LGC Sec. 113.064b

COUNTY AUDITOR'S FORM: SFA-CA-041

# ILEETA

## International Law Enforcement Educators and Trainers Association

### MEMBERSHIP APPLICATION

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Please **CLEARLY** print.

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PLEASE.

Name Zarzoza Antonio J. Rank/Title Sr. Deputy Sheriff/Instructor  
LAST FIRST MI  
Name as Desired on Certificate and Membership Card Antonio Zarzoza  
Agency Hidalgo County Sheriff's Office  
Agency Street Address 715 El Cibolo Rd.

City Edinburg State TX Zip 78541

Country (if other than US) \_\_\_\_\_

Agency Phone 956-381-7979 Agency Fax 956-381-7997

Agency E-Mail antonio.zarzoza@hidalgo50.org Agency Web Site www.hidalgo50.org

Home Street Address 3309 Salinas St.

City Edinburg State TX Zip 78541

Country (if other than US) \_\_\_\_\_

Home Phone 956-569-7868 Home Fax 956

Home E-Mail training@sdstactical.com Personal Web Site www.sdstactical.com

SEND CORRESPONDENCE TO MY (CIRCLE ONE)  HOME  AGENCY

As the above person's supervisor, I certify that he / she is assigned to education or training duties, either full or part time, within the criminal justice system.

Name Armando Campos Rank/Title Captain Signature [Signature]

ILEETA sponsor (if any) \_\_\_\_\_ Sponsor's ILEETA Number \_\_\_\_\_

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TO THE COUNTY AUDITOR  
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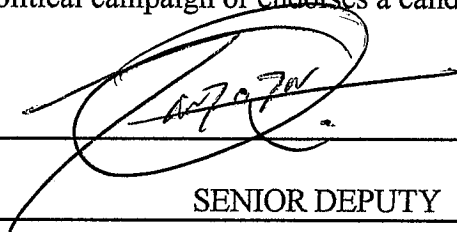
THE STATE OF TEXAS

COUNTY OF HIDALGO

I, ANTONIO J. ZARZOZA, do hereby state that my membership in the INTERNATIONAL LAW ENFORCEMENT EDUCATORS AND TRAINERS ASSOC. on behalf of Hidalgo County is necessary in the performance of my duties as an official/employee of Hidalgo County. I further state the following:

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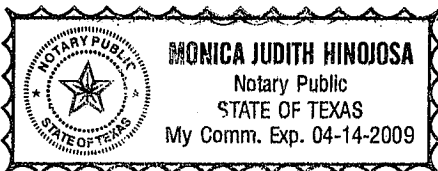
SIGNATURE: \_\_\_\_\_



TITLE: \_\_\_\_\_

SENIOR DEPUTY

Before me MONICA J. HINOJOSA, a Notary Public, appeared ANTONIO J ZARZOZA and on his/hers oath deposed and stated that the facts as set forth in the above affidavit to be true and correct in every respect.



Monica J. Hinojosa  
NOTARY PUBLIC IN AND FOR THE  
STATE OF TEXAS

AUTHORITY: LGC Sec. 113.064b

COUNTY AUDITOR'S FORM: SFA-CA-041