

TO THE COUNTY AUDITOR
AFFIDAVIT FOR MEMBERSHIP DUES

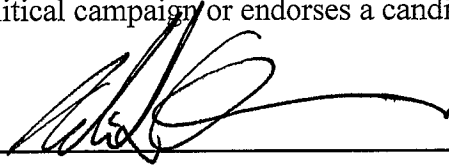
THE STATE OF TEXAS
COUNTY OF HIDALGO

I, MICHAEL OCHOA, do hereby state that my membership in the
TEXAS NARCOTIC OFFICERS ASSOCIATION 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
- 4.) Neither the association or organization directly or indirectly contributes any money, services, or other valuable thing to a political campaign or endorses a candidate or group of candidates for public office.

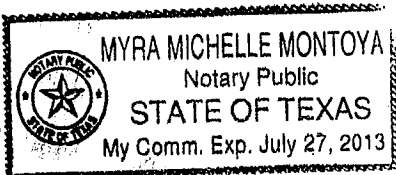
SIGNATURE: _____



TITLE: _____

DEPUTY SHERIFF

Before me Myra M. Montoya, a Notary Public, appeared ,MICHAEL OCHOA 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.



Myra M. Montoya
NOTARY PUBLIC IN AND FOR THE
STATE OF TEXAS

AUTHORITY: LGC Sec. 113.064b

COUNTY AUDITOR'S FORM: SFA-CA-041

Texas Narcotic Officers Association Membership Application



"Contributions or gifts to TNOA are not tax deductible as charitable contributions. However, they may be tax deductible as ordinary and necessary business expenses"

Applicants must complete the information below and submit it with the application fee. Membership is good for one year.

DUES: NEW: RENEW:

REGION: North South East West Central (Please check one)

ACTIVE (Commissioned) \$40 SUSTAINING (Supporter) \$50

ASSOCIATE (Non-Commissioned) \$40 LIFE (Restricted)

Date: 6-9-10 Applying as: Active Associate Sustaining Life

Last Name: Ochoa First Name: Michael MI: A.

Date of Birth: 11-12-74 PID#: _____ DL#: 08640892 State: TX

Mailing Address: 508 Santa Elena St. Weslaco, TX 78596

Agency: Agency Address: Hidalgo County Sheriff's Office, PO Bx 1228 Edinburg, TX 78540

Agency Phone: (956) 383-8114 Contact Phone: () 383-8114

Email: mykeytoc@msn.com Insurance Beneficiary: Jelissa Ochoa

Sponsor: _____ Agency: _____

As a member of the Texas Narcotic Officers Association, I swear to abide by and uphold the Constitution and maintain the integrity of the association.

Signature of applicant : X [Signature]

Please submit application to:
Texas Narcotic Officers Association
1790 Lee Trevino Dr, Suite #505
El Paso, Texas 79936
915/629-0055
915/629-0059 fax

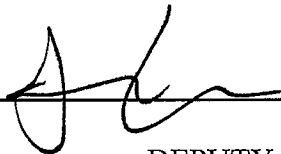
TO THE COUNTY AUDITOR
AFFIDAVIT FOR MEMBERSHIP DUES

THE STATE OF TEXAS
COUNTY OF HIDALGO

I, JOSHUA GARZA, do hereby state that my membership in the
TEXAS NARCOTIC OFFICERS ASSOCIATION 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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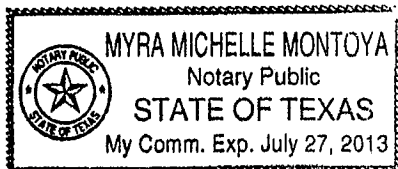
SIGNATURE: _____



TITLE: _____

DEPUTY SHERIFF

Before me Myra M. Montoya, a Notary Public, appeared JOSHUA 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.



Myra M. Montoya
NOTARY PUBLIC IN AND FOR THE
STATE OF TEXAS

AUTHORITY: LGC Sec. 113.064b

COUNTY AUDITOR'S FORM: SFA-CA-041

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REGION: North South East West Central (Please check one)

ACTIVE (Commissioned) \$40 SUSTAINING (Supporter) \$50

ASSOCIATE (Non-Commissioned) \$40 LIFE (Restricted)

Date: _____ Applying as: Active Associate Sustaining Life

Last Name: Garza First Name: Joshua MI: I

Date of Birth: 6/16/1984 PID#: 346398 DL#: 11504816 State: TX

Mailing Address: 1106 N. 47th lane McAllen, TX 78501

Agency: Agency Address: Hidalgo County Sheriff's office, Po Box 1228, Edinburg TX 78540

Agency Phone: (956) 383-8114 Contact Phone: (956) 383-8114

Email: _____ Insurance Beneficiary: _____

Sponsor: _____ Agency: _____

As a member of the Texas Narcotic Officers Association, I swear to abide by and uphold the Constitution and maintain the integrity of the association.

Signature of applicant : X [Signature]

Please submit application to:
Texas Narcotic Officers Association
1790 Lee Trevino Dr, Suite #505
El Paso, Texas 79936
915/629-0055
915/629-0059 fax

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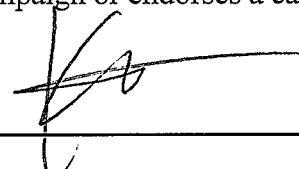
THE STATE OF TEXAS

COUNTY OF HIDALGO

I, CLAUDIO MATA, do hereby state that my membership in the
TEXAS NARCOTIC OFFICERS ASSOCIATION 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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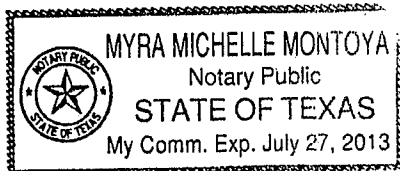
SIGNATURE: _____



TITLE: _____

DEPUTY SHERIFF

Before me Myra M. Montoya a Notary Public, appeared CLAUDIO MATA 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.



Myra M. Montoya
NOTARY PUBLIC IN AND FOR THE
STATE OF TEXAS

AUTHORITY: LGC Sec. 113.064b

COUNTY AUDITOR'S FORM: SFA-CA-041

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DUES: NEW: RENEW:

REGION: North South East West Central (Please check one)

ACTIVE (Commissioned) \$40 SUSTAINING (Supporter) \$50

ASSOCIATE (Non-Commissioned) \$40 LIFE (Restricted)

Date: _____ Applying as: Active Associate Sustaining Life

Last Name: Mata First Name: Claudio MI: A

Date of Birth: 03/30/78 PID#: 304135 DL#: 11267217 State: TX

Mailing Address: 1710 Solar Dr. Mission TX 78572


Agency: Agency Address: Hidalgo County Sheriff's Office, P.O. Box 1228 ^{Edinbu} TX

Agency Phone: (956) 383-8114 Contact Phone: (956) 383-8114

Email: _____ Insurance Beneficiary: _____

Sponsor: _____ Agency: _____

As a member of the Texas Narcotic Officers Association, I swear to abide by and uphold the Constitution and maintain the integrity of the association.

Signature of applicant : X 

Please submit application to:
Texas Narcotic Officers Association
1790 Lee Trevino Dr, Suite #505
El Paso, Texas 79936
915/629-0055
915/629-0059 fax

TO THE COUNTY AUDITOR
AFFIDAVIT FOR MEMBERSHIP DUES

THE STATE OF TEXAS

COUNTY OF HIDALGO

I, HERMELINDA GOMEZ, do hereby state that my membership in the
TEXAS NARCOTIC OFFICERS ASSOCIATION 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:

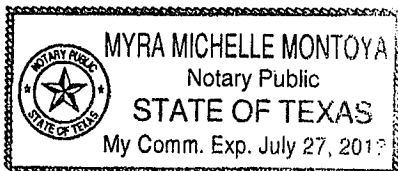
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SIGNATURE: _____

TITLE: _____

DEPUTY SHERIFF

Before me Myra M. Montoya a Notary Public, appeared HERMELINDA GOMEZ 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.



Myra M. Montoya
NOTARY PUBLIC IN AND FOR THE
STATE OF TEXAS

AUTHORITY: LGC Sec. 113.064b

COUNTY AUDITOR'S FORM: SFA-CA-041

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DUES: NEW: RENEW:

REGION: North South East West Central (Please check one)

ACTIVE (Commissioned) \$40 SUSTAINING (Supporter) \$50

ASSOCIATE (Non-Commissioned) \$40 LIFE (Restricted)

Date: _____ Applying as: Active Associate Sustaining Life

Last Name: Gomez First Name: Hermelinda MI: _____

Date of Birth: 08-14-1979 PID#: 339931 DL#: 10165979 State: TX

Mailing Address: 405 La Mancha DR Apt #2 Edinburg TX 78541

Agency: Agency Address: Hidalgo County Sheriff's Office, PO BOX 1228 Edinburg, TX 78540

Agency Phone: (956) 383-8114 Contact Phone: (956) 383-8114

Email: _____ Insurance Beneficiary: _____

Sponsor: _____ Agency: _____

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Signature of applicant : X [Signature]

Please submit application to:
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El Paso, Texas 79936
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