



TEXAS ANIMAL CONTROL ASSOCIATION

Dear Officer Lopez,

Our records indicate that your membership expires in **July 2010**; we look forward to the renewal of your membership. Please completed ALL of the application and include any copies need as requested in lower right hand corner of this letter. Be sure to give us your mailing address NOT your physical address unless they are the same. You can either mail your continued education hours to TACA, P.O. Box 150637, e-mail tacaexsc@consolidated.net or fax to 936-875-3925. Remember ONLY PRE-APPROVED BY DSHS continued education classes; seminars, conferences, etc are accepted and will be entered in your records. It is your responsibility to verify this to TACA.

Your membership renewal must be received within 60 days from receipt of this letter to maintain your certified status without penalties. **If not received within 60 days you will no longer be at a certified status and you may be deleted from the TACA data base.**

As a certified member you will receive the following benefits;

- Reduced conference tuition;
- Filing and maintenance of Continuing Education hours;
- CE hours/Certification statement every three (3) years;
- Trade journals or periodicals selected by the association;
- Voting right

Remember TACA publishes a quarterly Newsletter that can be viewed on the TACA web site. If you have any questions or need information, please do not hesitate to contact me, I can be reached at 800-324-8503, fax # 936-875-3925 or e-mail tacaexsc@consolidated.net . You can also be kept abreast as to what is going on by visiting our web site at www.taca.org. We look forward to receiving your renewal application soon. Plan now to attend the Annual Conference of TACA in Abilene in November of 2010, check the TACA web site for more information.

Sincerely

Cathy Clark

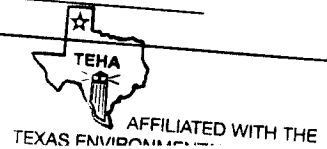
Cathy Clark
Executive Secretary

WE NEED FROM YOU please include with your membership application.

____ Copy of most recent Euthanasia Compliance certificate.

____ Copy of highest level of training completed with DSHS.

Other _____



TEXAS ANIMAL CONTROL ASSOCIATION
MEMBERSHIP APPLICATION

DATE 6-15-2010 TDH REGION _____ NEW _____ RENEWAL

NAME Juan Lopez ADDRESS 1024 Chicago

CITY Edinburg, TX. COUNTY Hidalgo ZIP 78541

EMPLOYMENT Hidalgo Co. Health Dept. TITLE Animal Control Officer

WK PHONE (956) 383-0111 HM PHONE (956) 223-8267

FAX (956) 383-7351 E-mail Address Juan.Lopez@HDHC.ORG

TYPE OF MEMBERSHIP: (Please Circle)

CERTIFIED
\$50.00

Open to all animal control and humane personnel whose primary duties are directly related to animal control. Reduced conference tuition. Maintenance of CE hours. Certification statement every three years. Trade journals or periodicals selected by the association. (Voting Rights)

ASSOCIATE
\$25.00

Open to Public Health and Veterinary Health Personnel, Government Officials, Quasi-Public Organizations, Veterinarians and others interested in animal control. (No Voting Rights)

SUPPORTIVE
\$50.00

Open to veterinarian medical organizations, supply companies, pet food companies, municipalities and other organizations interested in animal control. (No Voting Rights)

CORPORATE
\$200

Open to business and corporations. (Will receive a Certificate and ad in the annual conference booklet. No Voting Rights)

RETURN APPLICATION AND FEES TO: (MAKE CHECKS PAYABLE TO TACA)
TEXAS ANIMAL CONTROL ASSOCIATION
P.O. BOX 150637
LUFKIN, TX 75915-0637

1-800-324-8503

(Check one) Visa _____ MasterCard _____ Zip Code _____ Security #'s _____

Name as appears on card (print) - _____

Card Number _____ Expires _____ (Mo) _____ (Yr)

Total Amount \$ _____ Signed _____

TO THE COUNTY AUDITOR
AFFIDAVIT FOR MEMBERSHIP DUES

THE STATE OF TEXAS

COUNTY OF HIDALGO

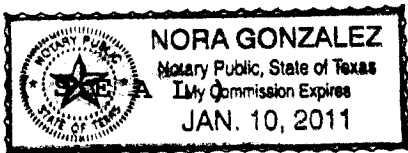
I, Juan Lopez, do hereby state that my membership in the TEXAS Animal Control Association on behalf of Hidalgo County and dues to be paid by Hidalgo County is necessary in the performance of my duties as an official/employee of Hidalgo County. I further state the following:

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 or 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 legislature or appearing before a 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: Juan Lopez

TITLE: Animal Control Officer

Before me Nora Gonzalez, a Notary Public, appeared John Lopez, 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.



Nora Gonzalez
NOTARY PUBLIC IN AND FOR
THE STATE OF TEXAS

AUTHORITY: LGC Sec. 113.064b



TEXAS ANIMAL CONTROL ASSOCIATION

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Sincerely

Cathy Clark

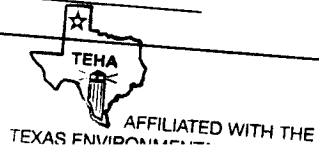
Cathy Clark
Executive Secretary

WE NEED FROM YOU please include with your membership application.

____ Copy of most recent Euthanasia Compliance certificate.

____ Copy of highest level of training completed with DSHS.

Other _____



TEXAS ANIMAL CONTROL ASSOCIATION

MEMBERSHIP APPLICATION

DATE 6-15-2010 TDH REGION _____ NEW _____ RENEWAL

NAME Fabian Luevano ADDRESS 6309 E. Carnation St

CITY Edinburg COUNTY Hidalgo County ZIP 78542

EMPLOYMENT H.C.H.D TITLE Animal Control

WK PHONE 956-383-0111 HM PHONE 827-1938

FAX 956-383-7351 E-mail Address FabianLuevano@H.C.H.D

 TYPE OF MEMBERSHIP: (Please Circle)

CERTIFIED
 \$50.00

Open to all animal control and humane personnel whose primary duties are directly related to animal control. Reduced conference tuition. Maintenance of CE hours. Certification statement every three years. Trade journals or periodicals selected by the association. (Voting Rights)

ASSOCIATE
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1-800-324-8503

(Check one) Visa _____ MasterCard _____ Zip Code _____ Security #'s _____

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THE STATE OF TEXAS

COUNTY OF HIDALGO

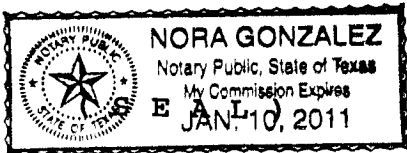
I, Fabian Luevano, do hereby state that my membership in the TACA on behalf of Hidalgo County and dues to be paid by Hidalgo County is necessary in the performance of my duties as an official/employee of Hidalgo County. I further state the following:

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 or 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 legislature or appearing before a 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: Fabian Luevano

TITLE: Animal Control

Before me Nora Gonzalez, a Notary Public, appeared Fabian Luevano, 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.



Nora Gonzalez
NOTARY PUBLIC IN AND FOR
THE STATE OF TEXAS

AUTHORITY: LGC Sec. 113.064b



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Sincerely

Cathy Clark

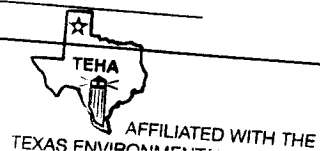
Cathy Clark
Executive Secretary

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Other _____



TEHA
AFFILIATED WITH THE
TEXAS ENVIRONMENTAL

TEXAS ANIMAL CONTROL ASSOCIATION

MEMBERSHIP APPLICATION

DATE 6-15-2010 TDH REGION _____ NEW _____ RENEWAL

NAME Felipe DIAZ ADDRESS 5603 Gardenia St

CITY Edinburg COUNTY Hidalgo ZIP 78541

EMPLOYMENT Hidalgo Co. Health Department TITLE Animal Control Officer

WK PHONE (956) 383-0111 HM PHONE (956) 207-4015

FAX (956) 383-7351 E-mail Address _____

TYPE OF MEMBERSHIP: *(Please Circle)*

CERTIFIED
\$50.00

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COUNTY OF HIDALGO

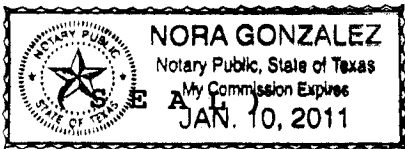
I, Felipe Diaz, do hereby state that my membership in the TACA on behalf of Hidalgo County and dues to be paid by Hidalgo County is necessary in the performance of my duties as an official/employee of Hidalgo County. I further state the following:

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 or 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 legislature or appearing before a 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: Felipe Diaz

TITLE: Animal Control Officer

Before me Nora Gonzalez, a Notary Public, appeared Felipe Diaz, 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.



[Signature]
NOTARY PUBLIC IN AND FOR
THE STATE OF TEXAS

AUTHORITY: LGC Sec. 113.064b

COUNTY AUDITOR'S FORM: SFA-CA-041