

TO THE COUNTY AUDITOR  
AFFIDAVIT FOR MEMBERSHIP DUES

THE STATE OF TEXAS  
COUNTY OF HIDALGO

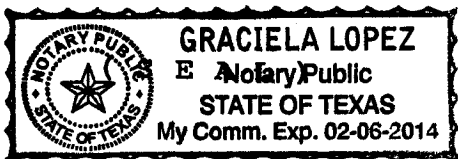
I, Ronnie Ramirez, do hereby state that my membership in the Animal Control Ass. on behalf of Hidalgo County and dues to be paid by Hidalgo County is necessary in the performance of my duties as an official/employee of Hidalgo County. I further state the following:

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: [Signature]

TITLE: Animal Control officer

Before me Graciela Lopez, a Notary Public, appeared Ronnie Ramirez, 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

**TEXAS ANIMAL CONTROL ASSOCIATION**  
**MEMBERSHIP APPLICATION**

DATE 8-11-10 TDH REGION 11 NEW  RENEWAL   
NAME Ronnie Ramirez ADDRESS 1 P.O. Box 145  
CITY LAJILLE COUNTY Hidalgo ZIP 78542  
EMPLOYMENT Hidalgo Co. Health Dept. TITLE Animal Control/Vector Control officer  
WK PHONE (956) 383-0111 HM PHONE 956 579-5954  
FAX 956 383-7351 E-mail Address Ronnie.Ramirez@hchd.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 \_\_\_\_\_



## TEXAS ANIMAL CONTROL ASSOCIATION

Dear Officer Ramirez,

Our records indicate that your membership expires in **August 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](mailto: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](mailto:tacaexsc@consolidated.net) . You can also be kept abreast as to what is going on by visiting our web site at [www.taca.org](http://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

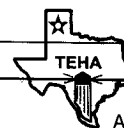
**WE NEED FROM YOU please include with your membership application.**

\_\_\_\_ Copy of most recent Euthanasia  
Compliance certificate.

\_\_\_\_ Copy of highest level of training  
completed with DSHS.

Other \_\_\_\_\_

\_\_\_\_\_



AFFILIATED WITH THE  
TEXAS ENVIRONMENTAL HEALTH ASSOCIATION

TO THE COUNTY AUDITOR  
AFFIDAVIT FOR MEMBERSHIP DUES

THE STATE OF TEXAS  
COUNTY OF HIDALGO

I, Rogelio Reyes, do hereby state that my membership in the 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: Rogelio Reyes  
TITLE: vector / animal control officer

Before me Graciela Lopez, a Notary Public, appeared Rogelio Reyes, 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.



Graciela Lopez  
NOTARY PUBLIC IN AND FOR  
THE STATE OF TEXAS

AUTHORITY: LGC Sec. 113.064b

**TEXAS ANIMAL CONTROL ASSOCIATION**  
**MEMBERSHIP APPLICATION**

DATE 8-10-10 TDH REGION 11 NEW  RENEWAL   
NAME Rogelio Reyes ADDRESS 2804 Idela Ave.  
CITY McAllen COUNTY Hidalgo ZIP 78503  
EMPLOYMENT Hidalgo Co. Health Dept. TITLE Vector / Animal Control  
WK PHONE (956) 383-0111 HM PHONE (956) 682-5676  
FAX (956) 383-7351 E-mail Address Guadalupe.moreno@att.net

\*\*\*\*\*

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)
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- SUPPORTIVE**  
\$50.00 Open to veterinarian medical organizations, supply companies, pet food companies, municipalities and other organizations interested in animal control. (No Voting Rights)
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\$200 Open to business and corporations. (Will receive a Certificate and ad in the annual conference booklet. No Voting Rights)

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Total Amount \$ \_\_\_\_\_ Signed \_\_\_\_\_



## TEXAS ANIMAL CONTROL ASSOCIATION

Dear Officer Reyes,

Our records indicate that your membership expires in **August 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](mailto: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.

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Sincerely

*Cathy Clark*

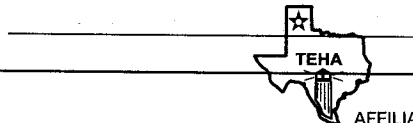
Cathy Clark  
Executive Secretary

**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 \_\_\_\_\_



AFFILIATED WITH THE  
TEXAS ENVIRONMENTAL HEALTH ASSOCIATION

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AFFIDAVIT FOR MEMBERSHIP DUES

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COUNTY OF HIDALGO

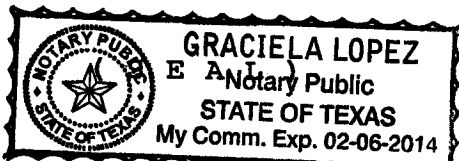
I, Jose Alvarez, do hereby state that my membership in the Texas Animal Control Association on behalf of Hidalgo County and dues to be paid by Hidalgo County is necessary in the performance of my duties as an official/employee of Hidalgo County. I further state the following:

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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: *Jose Alvarez*

TITLE: vector / animal control

Before me Graciela Lopez, a Notary Public, appeared Jose Alvarez, 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.



*Graciela Lopez*  
NOTARY PUBLIC IN AND FOR  
THE STATE OF TEXAS

AUTHORITY: LGC Sec. 113.064b

**TEXAS ANIMAL CONTROL ASSOCIATION**  
**MEMBERSHIP APPLICATION**

DATE 8-11-10 TDH REGION \_\_\_\_\_ NEW \_\_\_\_\_ RENEWAL   
NAME Jose A. Alvarez ADDRESS 220 S milanes  
CITY weslaco TX COUNTY Hidalgo ZIP 78596  
EMPLOYMENT Hidalgo health Dep. TITLE Animal Control  
WK PHONE 956-383-0111 HM PHONE <sup>956</sup> 472-7483  
FAX 956-383-7351 E-mail Address Jose.Alvarez@HCAHD.org

\*\*\*\*\*

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*Cathy Clark*

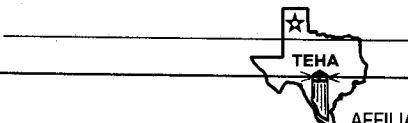
Cathy Clark  
Executive Secretary

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Other \_\_\_\_\_



AFFILIATED WITH THE  
TEXAS ENVIRONMENTAL HEALTH ASSOCIATION