

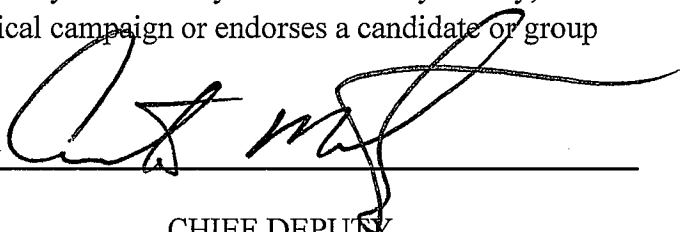
TO THE COUNTY AUDITOR
AFFIDAVIT FOR MEMBERSHIP DUES

THE STATE OF TEXAS
COUNTY OF HIDALGO

I, ANACLETO MARTINEZ, do hereby state that my membership in the
FBI NATIONAL ACADEMY ASSOCIATES, INC. 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.

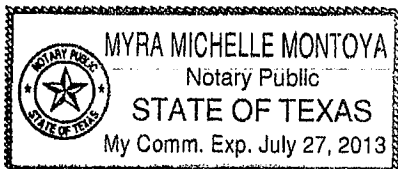
SIGNATURE: _____



TITLE: _____

CHIEF DEPUTY

Before me Myra M. Montoya a Notary Public, appeared, ANACLETO MARTINEZ 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



FBINAA FBI National Academy Associates, Inc.

For faster service, pay your membership online at www.fbinaa.org.

Membership Type: (you should choose 2 of the 4 options)

- Active Membership (sworn position) Retired Membership
- Renewing (no break in membership)

Additional Membership Options (choose these only if they apply to you)

- Dual (joining an additional chapter) Transfer to/from another chapter

Member # (if known): _____

Session #: _____

Last Name:

M A R T I N E Z

First Name:

A N A C L E T O

Preferred Mailing Address: Work Home

Home Street Address:

5 2 2 N G A Y D R

City:

P H A R R

State:

T E X A S

Zip:

7 8 5 7 7

Country:

U S A

Home Phone:

9 5 6 - 7 8 7 6 5 0 2

Home Fax:

Agency Name:

H I D A L G O C O U N T Y S H E R I F F ' S O F F I C E

Agency Street Address:

7 1 1 E L C I B O L O R D

City:

E D I N B U R G

State:

T E X A S

Zip:

7 8 5 4 2

Phone:

9 5 6 3 9 3 - 6 0 0 2

Fax:

9 5 6 - 3 9 3 6 1 7 9

Home Email:

S O N N Y M A R T I N E Z 1 @ A T T . N E T

Work Email:

A N A C L E T O . M A R T I N E Z @ H I D A L G O S O . O R G

Chapter Name:

T E X A S

Enter the dues amount (\$60 for Active National; \$30 for Retired National) = \$ 60.00

Enter your corresponding Chapter dues (**PLEASE** include chapter dues) = \$ 30.00

If paying by CHECK (**DEDUCT** the processing fee) Processing Fee = \$ 2.00

TOTAL: \$ 90.00

Forms of Payment:

Forms of payment include check, Visa, Mastercard, American Express, and Discover.

Make checks payable to **FBINAA**.

Mail **directly to your chapter** or to **FBINAA**, Attn: Member Services, FBI Academy, Quantico, VA 22135.

Payment Method: Check Credit Card

Card Number: _____ Exp: ____/____

Name as it appears on the card: _____

Membership Application