

TO THE COUNTY AUDITOR
AFFIDAVIT FOR MEMBERSHIP DUES

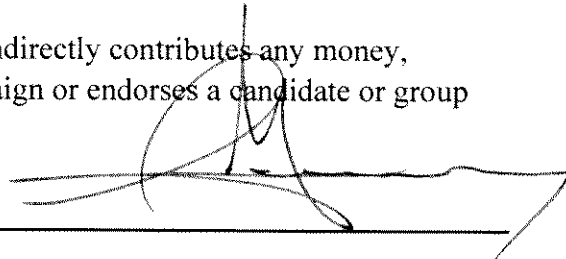
THE STATE OF TEXAS

COUNTY OF HIDALGO

I, FRANCISCO J. GUERRERO, do hereby state that my membership in the NATIONAL NARCOTIC DETECTOR DOG 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.

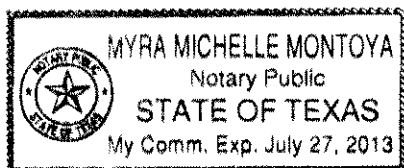
SIGNATURE: _____



TITLE: _____

DEPUTY SHERIFF

Before me Myra M. Montoya, a Notary Public, appeared, FRANCISCO J. GUERRERO 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



THE NATIONAL NARCOTIC DETECTOR DOG ASSOCIATION, INC.

379 C. R. 105, CARTHAGE, TEXAS 75633
ATTN: Ronnie LaGrone, Treasurer

Phone: 1-888-289-0070

MEMBERSHIP APPLICATION AND RECEIPT

FEE: 1 or A \$30.00
2 or 3 \$50.00

NEW RENEWAL

Visit our Site
www.nndda.org

NAME: (LAST) GUERRERO (FIRST) FRANCIS (M.I) J

ADDRESS: 711 E. EL CIDDO CITY: EDINBURGH

STATE: TX ZIP: 78541 EMAIL: _____

DATE OF BIRTH: [REDACTED] SSN: [REDACTED] PUBLISHED phone NO: (956) 383-8114

WORK PHONE NUMBER: (____)____-____-____ HOME PHONE NO: (____)____-____-____

AGENCY: HCSD ADDRESS: 711 E. EL CIDDO RD

CITY: EDINBURGH STATE: TX ZIP: 78541

CANINE NAME: ARLO AGE: 4 BREED: GSD

HOW LONG ON ACTIVE DUTY: _____ CANINE OWNED BY: _____

MY SIGNATURE BELOW CERTIFIES THAT THE ABOVE STATEMENT ARE TRUE AND CORRECT.

APPLICANT'S SIGNATURE: _____ DATE: 10/20/2011

MEMBERS IN GOOD STANDING NAME DEATH BENEFICIARY Alexander Guerrero

CERTIFYING OFFICIAL USE ONLY BELOW MEMBERSHIP CATEGORIES CERTIFYING OFFICIAL USE ONLY BELOW
(Check appropriate box below, MAKE CHECKS PAYABLE TO THE NNDDA)

- Active member dues \$30.00 annually, shall be full time paid law enforcement officer, retired officer, tenured officer, corrections officer local, state or federal. Check standards to see if you qualify prior to applying for membership.
- Cadaver Member \$30.00 annually, members in this category may only attend events in the cadaver field.
- Corporate members dues \$50.00 annually, shall be private industry companies and must send a copy of the license from appropriate state agencies, if required by the state where the firm has offices. DEA license for controlled substance required.
- Active associate members dues \$30.00 annually, shall be any non-law enforcement person whom is gainfully employed by a company that is a corporate member of this association. Reserve or part time officer with endorsement letter. Active military, DHS, or DOD with endorsement letter. Check standards to see if you qualify prior to applying for membership.
- Associate sponsor member dues \$50.00 annually, shall be any person or company desiring to be associated with the NNDDA

TYPE OF PAYMENT: CHECK # _____ CASH P. O. # _____

CERTIFICATION FEES: Narcotics (25.00) PSDog (25.00) Other (25.00 each)

MEMBERSHIP FEES: _____ CERTIFICATION FEES: _____

TOTAL: _____ Collected BY: _____ C/O # _____

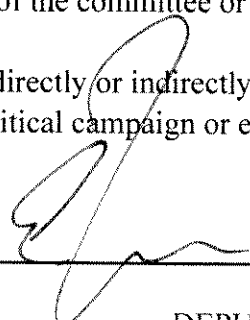
TO THE COUNTY AUDITOR
AFFIDAVIT FOR MEMBERSHIP DUES

THE STATE OF TEXAS
COUNTY OF HIDALGO

I, EDUARDO J. RIVERA, do hereby state that my membership in the
NATIONAL NARCOTIC DETECTOR DOG 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
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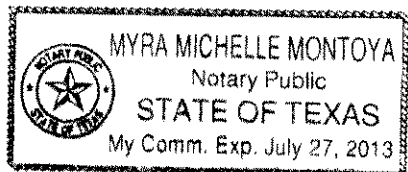
SIGNATURE: _____



TITLE: _____

DEPUTY SHERIFF

Before me Myra M. Montoya, a Notary Public, appeared, EDUARDO J. RIVERA 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



THE NATIONAL NARCOTIC DETECTOR DOG ASSOCIATION, INC.

379 C. R. 105, CARTHAGE, TEXAS 75633
ATTN: Ronnie LaGrove, Treasurer

Phone: 1- 888- 289- 0070

MEMBERSHIP APPLICATION AND RECEIPT

FEE: 1 or A \$30.00
2 or 3 \$50.00

NEW

RENEWAL

Visit our Site
www.nndda.org

NAME: (LAST) Rivera (FIRST) Eduardo (M.I.) J.

ADDRESS: 214 N. Oregon St. CITY: Edinburg

STATE: Texas ZIP: 78541 EMAIL: ERivera79@aol.com

DATE OF BIRTH: [REDACTED] SSN: [REDACTED] PUBLISHED phone NO: (956)-279-4311

WORK PHONE NUMBER: (956)-289-0454 HOME PHONE NO: ()-()-()-()-()-()

AGENCY: Hidalgo Co. Sheriff's Office ADDRESS: 711 El Cibolo Rd.

CITY: Edinburg STATE: Texas ZIP: 78541

CANINE NAME: Bambix AGE: 5 BREED: _____

HOW LONG ON ACTIVE DUTY: _____ CANINE OWNED BY: _____

MY SIGNATURE BELOW CERTIFIES THAT THE ABOVE STATEMENT ARE TRUE AND CORRECT.

APPLICANT'S SIGNATURE: [Signature] DATE: 10-20-11

MEMEBERS IN GOOD STANDING NAME DEATH BENEFICIARY _____

CERTIFYING OFFICIAL USE ONLY BELOW MEMBERSHIP CATEGORIES CERTIFYING OFFICIAL USE ONLY BELOW
(Check appropriate box below, MAKE CHECKS PAYABLE TO THE NNDDA)

- Active member dues \$30.00 annually, shall be full time paid law enforcement officer, retired officer, tenured officer, corrections officer local, state or federal. Check standards to see if you qualify prior to applying for membership.
- Cadaver Member \$30.00 annually, members in this category may only attend events in the cadaver field.
- Corporate members dues \$50.00 annually, shall be private industry companies and must send a copy of the license from appropriate state agencies, if required by the state where the firm has offices. DEA license for controlled substance required.
- Active associate members dues \$30.00 annually, shall be any non-law enforcement person whom is gainfully employed by a company that is a corporate member of this association. Reserve or part time officer with endorsement letter. Active military, DHS, or DOD with endorsement letter. Check standards to see if you qualify prior to applying for membership.
- Associate sponsor member dues \$50.00 annually, shall be any person or company desiring to be associated with the NNDDA

TYPE OF PAYMENT: CHECK # _____ CASH P. O. # _____

CERTIFICATION FEES: Narcotics (25.00) PSDog (25.00) Other (25.00 each)

MEMBERSHIP FEES: _____ CERTIFICATION FEES: _____

TOTAL: _____ Collected BY: _____ C/O # _____

TO THE COUNTY AUDITOR
AFFIDAVIT FOR MEMBERSHIP DUES

THE STATE OF TEXAS
COUNTY OF HIDALGO

I, JAVIER SOLIS, do hereby state that my membership in the
NATIONAL NARCOTIC DETECTOR DOG 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;
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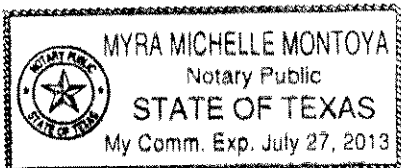
SIGNATURE: _____

Javier Solis #3612

TITLE: _____

DEPUTY SHERIFF

Before me Myra M. Montoya, a Notary Public, appeared, JAVIER SOLIS 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



THE NATIONAL NARCOTIC DETECTOR DOG ASSOCIATION, INC.

379 C. R. 105, CARTHAGE, TEXAS 75633
ATTN: Ronnie LaGrone, Treasurer

Phone: 1- 888- 289- 0070

MEMBERSHIP APPLICATION AND RECEIPT

FEE: 1 or A \$30.00
2 or 3 \$50.00

NEW

RENEWAL

Visit our Site
www.nndda.org

NAME: (LAST) Solis (FIRST) Javier (M.I.) Jr.

ADDRESS: 605 Mazatlan CITY: Mission

STATE: TX ZIP: 78572 EMAIL: j-dsolis@yahoo.com

DATE OF BIRTH: [REDACTED] SSN: [REDACTED] PUBLISHED phone NO: () - N/A

WORK PHONE NUMBER: (956) - 383-8114 HOME PHONE NO: (956) - 222-9417

AGENCY: Hidalgo County Sheriff's Office ADDRESS: 711 E. El Cibolo Rd.

CITY: Edinburg STATE: TX ZIP: 78539

CANINE NAME: "Dick" AGE: 4yrs BREED: Belgian Malinois

HOW LONG ON ACTIVE DUTY: 2 1/2 yrs CANINE OWNED BY: Hidalgo County

MY SIGNATURE BELOW CERTIFIES THAT THE ABOVE STATEMENT ARE TRUE AND CORRECT.

APPLICANT'S SIGNATURE: [Signature] DATE: 10-20-11

MEMEBERS IN GOOD STANDING NAME DEATH BENEFICIARY _____

CERTIFYING OFFICIAL USE ONLY BELOW MEMBERSHIP CATEGORIES CERTIFYING OFFICIAL USE ONLY BELOW
(Check appropriate box below, MAKE CHECKS PAYABLE TO THE NNDDA)

- Active member dues \$30.00 annually, shall be full time paid law enforcement officer, retired officer, tenured officer, corrections officer local, state or federal. Check standards to see if you qualify prior to applying for membership.
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TYPE OF PAYMENT: CHECK # _____ CASH P. O. # _____

CERTIFICATION FEES: Narcotics (25.00) PSDog (25.00) Other (25.00 each)

MEMBERSHIP FEES: _____ CERTIFICATION FEES: _____

TOTAL: _____ Collected BY: _____ C/O # _____

TO THE COUNTY AUDITOR
AFFIDAVIT FOR MEMBERSHIP DUES

THE STATE OF TEXAS
COUNTY OF HIDALGO

I, JUAN MORENO, do hereby state that my membership in the
NATIONAL NARCOTIC DETECTOR DOG 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;
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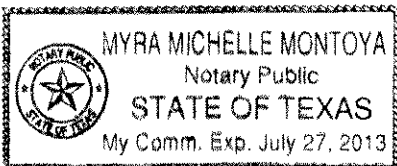
SIGNATURE: _____

Juan Moreno

TITLE: _____

DEPUTY SHERIFF

Before me Myra M. Montoya, a Notary Public, appeared, JUAN MORENO 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



THE NATIONAL NARCOTIC DETECTOR DOG ASSOCIATION, INC.

379 C. R. 105, CARTHAGE, TEXAS 75633
ATTN: Ronnie LaGrone, Treasurer

Phone: 1- 888- 289- 0070

MEMBERSHIP APPLICATION AND RECEIPT

FEE: 1 or A \$30.00
2 or 3 \$50.00

NEW RENEWAL

Visit our Site
www.nndda.org

NAME: (LAST) Moreno (FIRST) Juan (M.I.) M

ADDRESS: 124 E. Tamarack CITY: McAllen

STATE: Texas ZIP: 78501 EMAIL: J-2142@hotmail.com

DATE OF BIRTH: [REDACTED] SSN: [REDACTED] PUBLISHED phone NO: () - () - ()

WORK PHONE NUMBER: (956) - 383 - 8114 HOME PHONE NO: (956) - 867 - 2095

AGENCY: Hidalgo County S.O. ADDRESS: 711 E. El Cibola Rd.

CITY: Edinburg STATE: TX ZIP: 78541

CANINE NAME: Endy AGE: 3 BREED: German Shepard

HOW LONG ON ACTIVE DUTY: 1yr CANINE OWNED BY: Hidalgo County S.O.

MY SIGNATURE BELOW CERTIFIES THAT THE ABOVE STATEMENT ARE TRUE AND CORRECT.

APPLICANT'S SIGNATURE: Juan Moreno DATE: 10-19-11

MEMEBERS IN GOOD STANDING NAME DEATH BENEFICIARY Juan M Moreno Sr.

CERTIFYING OFFICIAL USE ONLY BELOW MEMBERSHIP CATEGORIES CERTIFYING OFFICIAL USE ONLY BELOW
(Check appropriate box below, MAKE CHECKS PAYABLE TO THE NNDDA)

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- Associate sponsor member dues \$50.00 annually, shall be any person or company desiring to be associated with the NNDDA

TYPE OF PAYMENT: CHECK # _____ CASH P. O. # _____

CERTIFICATION FEES: Narcotics (25.00) PSDog (25.00) Other (25.00 each)

MEMBERSHIP FEES: _____ CERTIFICATION FEES: _____

TOTAL: _____ Collected BY: _____ C/O # _____

TO THE COUNTY AUDITOR
AFFIDAVIT FOR MEMBERSHIP DUES

THE STATE OF TEXAS

COUNTY OF HIDALGO

I, JAIME GARCIA, do hereby state that my membership in the
NATIONAL NARCOTIC DETECTOR DOG 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:

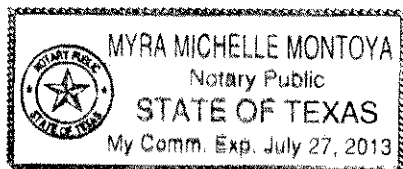
- 1.) My participation in the association or organization is for the betterment of County Government and the benefit of me as a County Official or employee;
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- 4.) Neither the association or organization directly or indirectly contributes any money, services, or other valuable thing to a political campaign or endorses a candidate or group of candidates for public office.

SIGNATURE: Jaime Garcia

TITLE: _____

DEPUTY SHERIFF

Before me Myra M Montoya, a Notary Public, appeared, JAIME GARCIA 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



THE NATIONAL NARCOTIC DETECTOR DOG ASSOCIATION, INC.

379 C. R. 105, CARTHAGE, TEXAS 75633
ATTN: Ronnie LaGrone, Treasurer

Phone: 1- 888- 289- 0070

MEMBERSHIP APPLICATION AND RECEIPT

FEE: 1 or A \$30.00
2 or 3 \$50.00

NEW RENEWAL

Visit our Site
www.nndda.org

NAME: (LAST) Arceia (FIRST) Jaime (M.I.) Jo

ADDRESS: 711 El Cibolo Road CITY: Edinburg

STATE: Texas ZIP: 78541 EMAIL: _____

DATE OF BIRTH: [REDACTED] SSN: [REDACTED] PUBLISHED phone NO: (____)-____-____

WORK PHONE NUMBER: (956)-383-8114 HOME PHONE NO: (956)-720-5154

AGENCY: Hidalgo County Sheriff's Office ADDRESS: 711 El Cibolo Rd.

CITY: Edinburg STATE: TX ZIP: 78541

CANINE NAME: "Cody" AGE: 3yrs BREED: Chaman Shepard

HOW LONG ON ACTIVE DUTY: 1yr CANINE OWNED BY: Hidalgo County Sheriff's Office

MY SIGNATURE BELOW CERTIFIES THAT THE ABOVE STATEMENT ARE TRUE AND CORRECT.

APPLICANT'S SIGNATURE: Jaime Arceia DATE: 10-19-11

MEMEBERS IN GOOD STANDING NAME DEATH BENEFICIARY Luisol Muniz

CERTIFYING OFFICIAL USE ONLY BELOW MEMBERSHIP CATEGORIES CERTIFYING OFFICIAL USE ONLY BELOW
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CERTIFICATION FEES: Narcotics (25.00) PSDog (25.00) Other (25.00 each)

MEMBERSHIP FEES: _____ CERTIFICATION FEES: _____

TOTAL: _____ Collected BY: _____ C/O # _____