

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: X

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

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

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

Date: 3/27/12 Applying as: Active X Associate ___ Sustaining ___ Life ___

Last Name: [REDACTED] First Name: [REDACTED] MI: [REDACTED]

Date of Birth: [REDACTED] PID#: [REDACTED] DL#: [REDACTED] State: TX

Mailing Address: [REDACTED]

Agency: Agency Address: [REDACTED] 9

Agency Phone: (956) 381-0444 Contact Phone: (956) 381-0444

Email: [REDACTED] Insurance Beneficiary: _____

Sponsor: _____ Agency: Hidalgo County HIDTA Task Force

Credit Card Information:

Type of card (VISA/MC) _____ Credit Card Number: _____

3 digit security code on back of card: _____ Expiration Date: _____

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 [REDACTED]

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

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: X

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

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

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

Date: 3/27/12 Applying as: Active X Associate ___ Sustaining ___ Life ___

Last Name: [REDACTED] First Name: [REDACTED] MI: M

Date of Birth: [REDACTED] PID#: [REDACTED] DL#: [REDACTED] State: TX

Mailing Address: [REDACTED]

Agency: Agency Address: [REDACTED]

Agency Phone: (956) 381-0444 Contact Phone: (956) 381-0444

Email: [REDACTED] Insurance Beneficiary: _____

Sponsor: _____ Agency: Hidalgo County HIDTA Task Force

Credit Card Information:

Type of card (VISA/MC) _____ Credit Card Number: _____

3 digit security code on back of card: _____ Expiration Date: _____

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: [REDACTED]

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

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: 3/27/12 Applying as: Active Associate ___ Sustaining ___ Life ___

Last Name: [REDACTED] First Name: [REDACTED] MI: [REDACTED]

Date of Birth: [REDACTED] PID#: [REDACTED] DL#: [REDACTED] State:

Mailing Address: [REDACTED]

Agency: Agency Address: [REDACTED]

Agency Phone: (956) 381-0444 Contact Phone: (956) 381-0444

Email: [REDACTED] Insurance Beneficiary: _____

Sponsor: _____ Agency: Hidalgo County HIDTA Task Force

Credit Card Information:

Type of card (VISA/MC) _____ Credit Card Number: _____

3 digit security code on back of card: _____ Expiration Date: _____

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 [REDACTED]

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

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: X

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

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

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

Date: 3/27/12 Applying as: Active X Associate ___ Sustaining ___ Life ___

Last Name: [REDACTED] First Name: [REDACTED] MI: [REDACTED]

Date of Birth: [REDACTED] PID#: [REDACTED] DL#: [REDACTED] State: TX

Mailing Address: [REDACTED]

Agency: Agency Address: [REDACTED]

Agency Phone: (956) 381-0444 Contact Phone: (956) 381-0444

Email: [REDACTED] Insurance Beneficiary: _____

Sponsor: _____ Agency: Hidalgo County HIDTA Task Force

Credit Card Information:

Type of card (VISA/MC) _____ Credit Card Number: _____

3 digit security code on back of card: _____ Expiration Date: _____

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 [REDACTED]

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

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: X

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

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

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

Date: 3/27/12 Applying as: Active X Associate ___ Sustaining ___ Life ___

Last Name: [REDACTED] First Name: [REDACTED] MI: Z

Date of Birth: [REDACTED] PID#: [REDACTED] DL#: [REDACTED] State: TX

Mailing Address: Box 5719, McAllen, TX 78502-5719

Agency: Agency Address: 3100 S. Closter Foxrot Bldg, Edinburg, TX 78541

Agency Phone: (956) 381-0444 Contact Phone: (956) 381-0444

Email: [REDACTED]@us Insurance Beneficiary: _____

Sponsor: _____ Agency: Hidalgo County HIDTA Task Force

Credit Card Information:

Type of card (VISA/MC) _____ Credit Card Number: _____

3 digit security code on back of card: _____ Expiration Date: _____

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 [REDACTED]

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

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: X

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

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

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

Date: 3/27/12 Applying as: Active X Associate ___ Sustaining ___ Life ___

Last Name: [REDACTED] First Name: Juan MI: P

Date of Birth: [REDACTED] PID#: 258075 DL#: 14408827 State: TX

Mailing Address: P.O. Box 5719, McAllen, TX 78502-5719

Agency: Agency Address: 3100 S. Glosner Foxtrot Bldg, Edinburg, TX 78539

Agency Phone: (956) 381-0444 Contact Phone: (956) 381-0444

Email: [REDACTED] Insurance Beneficiary: _____

Sponsor: _____ Agency: Hidalgo County HIDTA Task Force

Credit Card Information:

Type of card (VISA/MC) _____ Credit Card Number: _____

3 digit security code on back of card: _____ Expiration Date: _____

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 [REDACTED]

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

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: X

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

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

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

Date: 3/27/12 Applying as: Active X Associate ___ Sustaining ___ Life ___

Last Name: [REDACTED] First Name: [REDACTED] MI: W

Date of Birth: [REDACTED] PID#: [REDACTED] DL#: [REDACTED] State: TX

Mailing Address: P.O. Box 5719, McAllen, TX 78502-5719

Agency: Agency Address: 3100 S. Clossner Fox Trot Bldg, Edinburg, TX 78541

Agency Phone: (956) 381-0444 Contact Phone: (956) 381-0444

Email: [REDACTED] Insurance Beneficiary: _____

Sponsor: _____ Agency: Hidalgo County HIDTA Task Force

Credit Card Information:

Type of card (VISA/MC) _____ Credit Card Number: _____

3 digit security code on back of card: _____ Expiration Date: _____

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, [REDACTED]

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

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: X

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

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

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

Date: 3/27/12 Applying as: Active X Associate ___ Sustaining ___ Life ___

Last Name: [REDACTED] First Name: [REDACTED] MI: ___

Date of Birth: 10/30/1966 PID#: [REDACTED] DL#: [REDACTED] State: TX

Mailing Address: P.O. Box 5719, McAllen, TX 78502-5719

Agency: Agency Address: 3100 S. Closter Fox trot Bldg, Edinburg, TX 78549

Agency Phone: (956) 381-0444 Contact Phone: (956) 381-0444

Email: martinezhidataskforce@hidta.org Insurance Beneficiary: _____
us

Sponsor: _____ Agency: Hidalgo County HIDTA Task Force

Credit Card Information:

Type of card (VISA/MC) _____ Credit Card Number: _____

3 digit security code on back of card: _____ Expiration Date: _____

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 [REDACTED]

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

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: X

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

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

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

Date: 3/27/12 Applying as: Active X Associate ___ Sustaining ___ Life ___

Last Name: [REDACTED] First Name: [REDACTED] MI: S

Date of Birth: [REDACTED] PID#: [REDACTED] DL#: [REDACTED] State: TX

Mailing Address: P.O. Box 5719, McAllen, TX 78502-5719

Agency: Agency Address: 3100 S. Clopper Foxrot Bldg, Edinburg, TX

Agency Phone: (956) 381-0444 Contact Phone: (956) 381-0444

Email: [REDACTED] Insurance Beneficiary: _____

Sponsor: _____ Agency: Hidalgo County HIDTA Task Force

Credit Card Information:

Type of card (VISA/MC) _____ Credit Card Number: _____

3 digit security code on back of card: _____ Expiration Date: _____

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 [REDACTED]

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

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: X

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

ACTIVE (Commissioned) \$40

SUSTAINING (Supporter) \$50

ASSOCIATE (Non-Commissioned) \$40

LIFE (Restricted)

Date: 3/27/12 Applying as: Active X Associate ___ Sustaining ___ Life ___

Last Name: [REDACTED] First Name: [REDACTED] MI: [REDACTED]

Date of Birth: [REDACTED] PID#: [REDACTED] DL#: [REDACTED] State: TX

Mailing Address: P.O. Box 5719, McAllen, TX 78502-5719

Agency: Agency Address: 3100 S. Closter Foxrott Bldg, Edinburg, TX 78541

Agency Phone: (956) 381-0444 Contact Phone: (956) 381-0444

Email: [REDACTED] Insurance Beneficiary: _____

Sponsor: _____ Agency: Hidalgo County HIDTA Task Force

Credit Card Information:

Type of card (VISA/MC) _____ Credit Card Number: _____

3 digit security code on back of card: _____ Expiration Date: _____

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 [REDACTED]

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

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: X

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

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

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

Date: 3/27/12 Applying as: Active X Associate ___ Sustaining ___ Life ___

Last Name: [REDACTED] First Name: [REDACTED] MI: ___

Date of Birth: [REDACTED] PID: [REDACTED] DL#: [REDACTED] State: TX

Mailing Address: P.O. Box 5719, McAllen, TX 78502-5719

Agency: Agency Address: 3100 S. Closner Fox Trot Bldg, Edinburg, TX 78520

Agency Phone: (956) 381-0444 Contact Phone: (956) 381-0444

Email: trangel@hidataskforce.us Insurance Beneficiary: ___

Sponsor: ___ Agency: Hidalgo County HIDTA Task Force

Credit Card Information:

Type of card (VISA/MC) ___ Credit Card Number: ___

3 digit security code on back of card: ___ Expiration Date: ___

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: [REDACTED]

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