

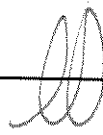
TO THE COUNTY AUDITOR
AFFIDAVIT FOR MEMBERSHIP DUES

THE STATE OF TEXAS
COUNTY OF HIDALGO

I, GUADALUPE TREVINO, do hereby state that my membership in the
AMERICAN CORRECTIONAL 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 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 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.

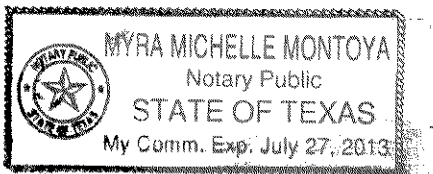
SIGNATURE: _____



TITLE: _____

SHERIFF

Before me Myra M. Montoya, a Notary Public, appeared, GUADALUPE TREVINO 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

DUES INVOICE

RENEWAL

10724179
 Guadalupe Trevino
 Hidalgo County Sheriff Office
 PO Box 1228
 Edinburg, TX 78540-1228

Remit to:
AMERICAN CORRECTIONAL ASSOCIATION
 P.O. Box 347619, Pittsburgh, PA 15251-4619
 1.800.ACA.JOIN Membership Fax: 703.224.0059
 Federal Tax ID#: 13-1977456

*Dues are not charitable contributions for income tax purposes
 Dues may be deductible as an ordinary/necessary business expense
 A \$25 fee will be charged for returned checks/electronic transactions*
MEMBERSHIPS ARE NON-TRANSFERABLE

ACA Member Information:
 Current Membership Level: PR1
 Cost: \$35.00
 Expiration Date: 8/31/2012

▼ FOLD REPLY CARD ALONG LINE BEFORE MAILING

Upgrade your Membership Here! (Circle One)
(International membership rates are for those NOT living in the US, US Territories, and Canada)

	Domestic Membership		International Membership	
	1 yr	3 yr.	1 yr	3 yr.
<input type="checkbox"/> Professional I	\$35	\$99	\$50	\$140
<input type="checkbox"/> Professional II	\$75	\$215	\$110	\$320
<input type="checkbox"/> Executive Gold	\$100	\$290	\$150	\$440
<input type="checkbox"/> Associate <i>(For retirees, full time students & volunteers)</i>	\$15	-----	\$25	\$74
<input type="checkbox"/> Organization <i>(For non-profit agencies)</i>	\$300	-----	\$390	-----
<input type="checkbox"/> Supporting Patron <i>(For profit agencies)</i>	\$350	-----	\$440	-----
<input type="checkbox"/> Household* Prof I Prof II Exec Gold	\$55	\$115	\$150	Other Household Member: _____

(Household memberships are 1 year memberships for two individuals living at the same home address.)*

Charge my: American Express Diners Club MasterCard Visa

Card #: _____ Exp Date _____

Amount: _____ Signature _____

Check enclosed P.O. Number: _____ V #: _____

Payment: *(Membership will only renew when full payment is received)*

Help us keep in touch with you!
(Update your information only if there is a change)

Preferred Mailing Address Home Work

Home Address: _____

City: _____ State: _____ Zip: _____ Country: _____

Home Phone: _____ Home Fax: _____

Home Email: _____ D.O.B. (optional): _____

Work Title: _____ Facility: _____

Type of Corrections: _____

Work Address: _____

City: _____ State: _____ Zip: _____ Country: _____

Work Phone: _____ Work Fax: _____

Work Email: _____ Website: _____