

INVOICE

DISTRICT 12 TCAAA

EIN: 74-2935959

c/o Rogelio Mercado

P.O. Box 1370

Alice, Texas 78333

TO: Barbara Storz
410 North 13th Avenue
Edinburg, TX. 78541

DATE: October 19, 2012

Description	Amount
2013 Membership Dues	\$110.00
Total Amount Due	\$110.00

**TO THE COUNTY AUDITOR
AFFIDAVIT FOR MEMBERSHIP DUES**

THE STATE OF TEXAS

COUNTY OF HIDALGO

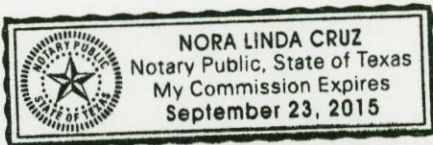
I, Barbara Storz, do hereby state that my membership in the District 12 TCAAA on behalf of Hidalgo County and dues to be paid by Hidalgo County is necessary in the performance of my duties as an official/employee of Hidalgo County. I further state the following:

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 Barbara Storz

TITLE CEA-Horticulture

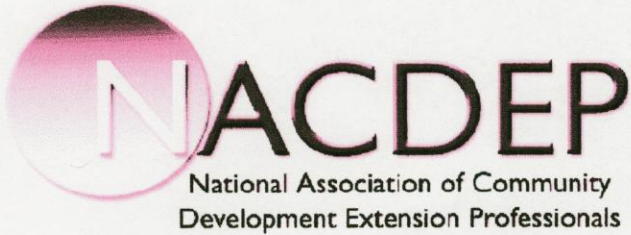
Before me Nora Linda Cruz, a Notary Public, appeared Barbara Storz, and on his/hers oath deposed and stated that the facts as set forth in the above affidavit to be true and correct in every respect.



Nora Linda Cruz
NOTARY PUBLIC IN AND FOR
THE STATE OF TEXAS

AUTHORITY: LGC Sec. 113.064b

COUNTY AUDITOR'S FORM: SFA-CA-041



PO Box 68721
 Grand Rapids, MI 49516-8721
 616-301-1011
 Assoc.Manager@nacdep.net

Invoice

Date	Invoice #
12/3/2012	2686

Barbara Storz
 Texas AgriLife Extension Service
 410 N 13th Ave
 Edinburg, TX 78541

		P.O. No.	Terms
Quantity	Description	Rate	Amount
	2013 Membership Dues	75.00	75.00
NACDEP is a registered 501c(3) Non-Profit Charitable Corporation Tax ID 20-2982555		Total	\$75.00

Please remit payment to:
 NACDEP
 P.O. Box 68721
 Grand Rapids, MI 49516-8721

**TO THE COUNTY AUDITOR
AFFIDAVIT FOR MEMBERSHIP DUES**

THE STATE OF TEXAS

COUNTY OF HIDALGO

I, Barbara Storz, do hereby state that my membership in the National Association of Community Development Extension Professionals (NACDEP) 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:

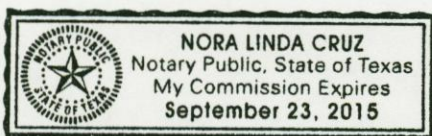
1. My participation in the association or organization is for the betterment of County Government and the benefit of me as a County official or employee;
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SIGNATURE

Barbara Storz

TITLE County Extension Agent-Horticulture

Before me Nora Linda Cruz, a Notary Public, appeared Barbara Storz, 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.



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AUTHORITY: LGC Sec. 113.064b

2013 Texas Association of Extension 4-H Agents (TAE4-HA) Membership Form

Note: A membership form must accompany dues payment for EACH member in order for membership to be processed.

*Please print or type. *Indicates required fields*

Name* Barbara Storz Title* CEA-Horticulture
First, Middle, Last Name

County* Hidalgo District* 12

Office Mailing Address* 410 North 13th Avenue

City* Edinburg Zip* 78541

Office Phone Number* (956)383-1026 Fax* (956)383-1735

Home or Cell Phone* _____ Email* b-storz@tamu.edu

Dues:*

Active (\$90.00)	90	What YEAR did you join TAE4-HA? * _____
New Member (\$45.00)		
Affiliate Member (\$90.00)		
New Life Member (\$270.00)		
District Dues (\$ 20.00)	20	
Friends & Alumni Assn (\$30.00)		
Total Amount Paid		
	\$110.00	

Method of Payment* Personal Check # _____ District Check # _____
 County Check # _____ Cash _____

Please remit this form and dues payment by _____
 to your District Membership Chair _____

Members: complete membership form and payment and submit to district membership chair.
District membership chair: submit copy of membership form and state membership due to Chris Schraeder by Jan 18, 2013.

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COUNTY OF HIDALGO

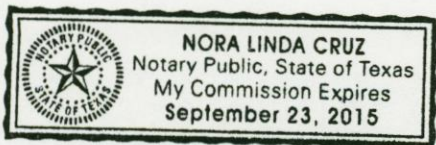
I, Barbara Storz, do hereby state that my membership in the District 12 Texas Association Of Extension 4-H Agents on behalf of Hidalgo County and dues to be paid by Hidalgo County is necessary in the performance of my duties as an official/employee of Hidalgo County. I further state the following:

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COUNTY AUDITOR'S FORM: SFA-CA-041



EPSILON SIGMA PHI

The Extension Professionals' Organization

Mission: To Foster Standards of Excellence in the Extension System and to Develop the Extension Profession and Professional

Invoice/Check Request

Date 12/14/2012

To: Barbara Storz

Remit to: **Texas Alpha Zeta Chapter of Epsilon Sigma Phi**
Attn: Tonya Poncik

County: Hidalgo

310 South Grimes Street

Giddings, TX 78942

Phone 979-542-2753

Fax 979-542-2362

Description	Amount
2013 Epsilon Sigma Phi Dues	\$65.00

Make payable to Epsilon Sigma Phi and submit to the above address.

Thank you,

Tonya T. Poncik
Texas Alpha Zeta Chapter of Epsilon Sigma Phi
Treasurer

**TO THE COUNTY AUDITOR
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THE STATE OF TEXAS

COUNTY OF HIDALGO

I, Barbara Storz, do hereby state that my membership in the Epsilon Sigma Phi (ESP) 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:

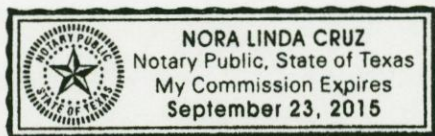
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