



MEMBERSHIP APPLICATION FORM

Chapter # 39A Region # 2 (If Unknown, Please Leave Blank) Today's Date April 26, 2013Family Member Belonging to IRWA N/A Chapter # N/A # Years in IRWA N/AName Mr. Jesus M. Ozuna Nickname Jesse
 Mrs. (First / MI / Last Name)
 Ms.Home Address 2608 Agave Avenue
(Street Address)
Edinburg TX 78542
(City) (State) (Zip Code)Home Phone _____ Cell Phone (956) 648-3493E-mail Address jesus.ozuna@co.hidalgo.tx.us Birth Date 11/26/1984Preferred Mailing Location (Please Check One) Office Home (Month/Day/Year)**Right of Way Specialties (Rank All That Apply Numerically With #1 As Primary) (Optional)**

Appraisal Asset Management Engineering Environmental Law
 Local Public Agency Negotiations/Acquisition Pipeline Relocation Surveying
 Transportation Utilities/ Wireless Valuation

Job Title Right of Way Agent Year Entered Profession 2012Highest Education Level (Please Check One) High School College Advanced Degree**Employer Information** Company Name Hidalgo County Precinct 4Address 1051 N. Doolittle Rd.
(Street Address)
Edinburg TX 78542
(City) (State) (Zip Code)Phone (956) 383-3112 Fax (956) 381-5905Employer Website Address jesus.ozuna@co.hidalgo.tx.usHave you ever been convicted of any local, state or federal felony or indictable offense statute? YES NOHave you ever been convicted of any misdemeanor or summary conviction statute, which could be perceived to reflect adversely upon your professional character, trustfulness, morality or reputation? YES NO

If the answer to either question is "YES", please attach a full description on a separate sheet and include with this application.

By completing this application you agree to abide by the IRWA Code of Ethics, Ethical Rules, and Standards of Practice. Visit www.irwaonline.org for information.

Print Name _____

SECTION 1
U.S. INTERNATIONAL MEMBERSHIP DUES RATES

Quarter	New Member	Application Fee	Total
1st (Jan-Feb-Mar)	\$ 205.00	\$ 25.00	\$ 230.00
2nd (Apr-May-Jun)	\$ 153.75	\$ 25.00	\$ 178.75
3rd (Jul-Aug-Sep)	\$ 102.50	\$ 25.00	\$ 127.50
4th and New Year	\$ 205.00	\$ 25.00	\$ 230.00

* Excludes local chapter membership dues. See Section 2 for a listing of local chapter dues. Some local chapters may charge an additional application fee. Your local Chapter's Membership Chair will contact you if there is an additional amount due. In subsequent years you will automatically be billed for local and International membership dues by IRWA headquarters.

NOTE: Please visit IRWA's web site (www.irwaonline.org) for a geographical listing of IRWA local chapters

SECTION 2
ANNUAL LOCAL CHAPTER DUES
UNITED STATES CHAPTERS

Chapter	Dues Amount
1	\$ 20.00
2	\$ 10.00
3	\$ 15.00
4	\$ 25.00
5	\$ 20.00
6	\$ 12.00
7	\$ 15.00
8	\$ 20.00
9	\$ 14.00
10	\$ 15.00
11	\$ 20.00
12	\$ 25.00
13	\$ 20.00
14	\$ 10.00
15	\$ 15.00
16	\$ 20.00
17	\$ 21.00
18	\$ 15.00
19	\$ 10.00
20	\$ 26.00
21	\$ 14.00
22	\$ 10.00

Chapter	Dues Amount
23	\$ 10.00
24	\$ 20.00
25	\$ 10.00
26	\$ 10.00
27	\$ 10.00
28	\$ 0.00
31	\$ 30.00
32	\$ 42.00
33	\$ 15.00
35	\$ 5.00
36	\$ 20.00
37	\$ 25.00
38	\$ 25.00
39	\$ 0.00
39A	\$ 0.00
40	\$ 20.00
41	\$ 20.00
42	\$ 25.00
43	\$ 25.00
44	\$ 10.00
45	\$ 12.00
46	\$ 20.00

Chapter	Dues Amount
47	\$ 20.00
49	\$ 25.00
50	\$ 10.00
51	\$ 20.00
52	\$ 10.00
53	\$ 10.00
55	\$ 15.00
56	\$ 10.00
57	\$ 20.00
64	\$ 5.00
67	\$ 25.00
70	\$ 10.00
71	\$ 10.00
72	\$ 25.00
73	\$ 20.00
74	\$ 10.00
75	\$ 20.00
76	\$ 10.00
77	\$ 10.00
78	\$ 25.00
82	\$ 10.00
83	\$ 0.00

Total International Dues (See Section 1 Above)	
Total Chapter Dues (See Section 2 Above)	
GRAND TOTAL	

Credit Card Payment Information (Please Check Appropriate Box Below)

AMEX Visa M/C Discover Wire Transfer

Credit Card Number _____ Expiration Date _____

Name on Credit Card _____

Signature _____ Date _____

Approval to Charge Total (Box Must be Checked)

Applicant's Name Jesus M. Ozuna Date 4/26/13

Signature 

Payment Information:

Payment by Credit Card	You can fax, e-mail or mail your completed form to the address below.
Payment by Check	Mail full payment with your application (<i>Make a Copy for Your Records</i>).
Company Invoice	if your employer requires an invoice, please contact IRWA Member Services.
Payment by Wire Transfer	Please contact us for Wire Transfer instructions.

Questions?

If you have any questions about membership, our Member Services staff is available to assist you. Please contact us at (310) 538-0233, extension 120 or 134. We look forward to serving you as an IRWA member.

How did you hear about IRWA?

Mail Internet Chapter IRWA Ad
 E-mail Tradeshow Professional Associate
 Other _____

Chapter Approval (Chapter Secretary or Membership Chair)

Print Name _____

Signature _____ Date _____

FOR IRWA USE ONLY

Date Received _____ Date in NF _____

Date Approved _____ Date on PM List _____

Membership # _____ Verified By _____

**TO THE COUNTY AUDITOR
AFFIDAVIT FOR PAYMENT OF MEMBERSHIP DUES
TO ASSOCIATIONS OTHER THAN THE TEXAS ASSOCIATION OF COUNTIES**

**THE STATE OF TEXAS
COUNTY OF HIDALGO**

I, Jesus M. Ozuna, do hereby state that membership in the International Right of Way Association, and dues to be paid to the association, serve to accomplish one or more of the following County purposes:

- To obtain statutorily required continuing professional education.
- To obtain continuing education necessary to maintain a license or certification.
- To access the association or organization's programs, services, and activities in order to strengthen professional skills and keep up-to-date on developments related to the Department's primary business activities:
 - Publications
 - Periodicals
 - Training
 - Annual Conference
 - Award Programs
 - Representation
 - Technical Inquiry Services

FOR STATEWIDE ASSOCIATIONS ONLY

I further state that International Right of Way Assoc. is a statewide association with a minimum membership of at least 25 percent of eligible political subdivisions.

SIGNATURE: [Signature]

DATE: 4/26/13

TITLE: Right of Way Agent

Before me Gloria Ann Beltran a Notary Public, appeared Jesus M. Ozuna and on his/her oath depose and stated that the facts as set forth in the above affidavit to be true and correct in every respect.



Gloria A. Beltran
NOTARY PUBLIC IN AND FOR
THE STATE OF TEXAS

AUTHORITY TO OBTAIN AFFIDAVIT: LGC § 113.064(b)
AUTHORITY TO PAY MEMBERSHIP DUES: GC § 305.026
COUNTY AUDITOR'S FORM: RE-CA-041B
REVISED: 12-2012

International Right of Way
Association (US)
PO BOX 51716
Los Angeles, CA 90051-6016

Customer #: 0079107911

Mr. Jesus M Ozuna
Hidalgo County Precinct 4
1051 N Doolittle Rd.
Edinburg, TX 78542

Invoice

Invoice # : 262631
Invoice Date: 05/01/2013

Description	Quantity	Price	Discount	Amount
Chapter 39A Dues	1	\$0.00	\$0.00	\$0.00
New Member Application Fee-US	1	\$25.00	\$0.00	\$25.00
Pending Member-US	1	\$153.75	\$0.00	\$153.75

*Thank you for supporting the Education Foundation with your \$15 contribution. Each and every dollar is used for funding IRWA educational courses and professional development programs. (If you wish to contribute more, please add that amount to the Total Due at the bottom and include it in your Amount Remitted. If you elect not to contribute, simply subtract it from the Total Due.)
If you have already paid your 2013 dues, we thank you! (Please disregard this notice.)*

Invoice Total	\$178.75
Taxes	\$0.00
Amount Paid	\$0.00
PLEASE PAY	\$178.75

PLEASE DETACH AND REMIT WITH YOUR PAYMENT

Invoice#: 262631

Customer #: 0079107911

Mr. Jesus M Ozuna
Hidalgo County Precinct 4
1051 N Doolittle Rd.
Edinburg, TX 78542

Select Payment Method	
<input type="checkbox"/>	Check Enclosed
Card Provider _____	Exp Date ____/____
Card # _____	
Card Holder's Name _____	
Card Holder's Signature _____	

Remit Payment To:

International Right of Way Association (US)

PO BOX 51716, Los Angeles, CA 90051-6016

Total Due: **\$178.75**

Amt Remitted : _____



MEMBERSHIP APPLICATION FORM



Chapter # 39A Region # 2 (If Unknown, Please Leave Blank) Today's Date 04/25/2013

Family Member Belonging to IRWA N/A Chapter # N/A # Years in IRWA N/A

Name Mr. Joe Ochoa Nickname (First / MI / Last Name)

Home Address 2123 Norma Lane (Street Address) Edinburg Texas 78539 (City) (State) (Zip Code)

Home Phone (956) 381-5035 Cell Phone (956) 648-1245

E-mail Address jose.ochoa@co.hidalgo.tx.us Birth Date 02/28/1973 (Month/Day/Year)

Preferred Mailing Location (Please Check One) [X] Office [] Home

Right of Way Specialties (Rank All That Apply Numerically With #1 As Primary) (Optional)

- Appraisal Asset Management Engineering Environmental Law
Local Public Agency X Negotiations/Acquisition Pipeline Relocation Surveying
Transportation Utilities/ Wireless Valuation

Job Title Right of Way Agent Year Entered Profession 2012

Highest Education Level (Please Check One) [] High School [] College [X] Advanced Degree

Employer Information Company Name Hidalgo County Precinct 4

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Phone (956) 383-3112 Fax (956) 381-5905

Employer Website Address jose.ochoa@co.hidalgo.tx.us

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AMEX Visa M/C Discover Wire Transfer

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Name on Credit Card _____

Signature _____ Date _____

Approval to Charge Total (Box Must be Checked)

Applicant's Name Joe Ochoa Date 4-25-13

Signature 

Payment Information:

Payment by Credit Card You can fax, e-mail or mail your completed form to the address below.

Payment by Check Mail full payment with your application (Make a Copy for Your Records).

Company Invoice If your employer requires an invoice, please contact IRWA Member Services.

Payment by Wire Transfer Please contact us for Wire Transfer instructions.

Need A
proposal OR
quote to
get A
purchase order
generated

Questions?

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Please contact us at (310) 538-0233, extension 120 or 134. We look forward to serving you as an IRWA member.

How did you hear about IRWA?

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E-mail Tradeshow Professional Associate

Other _____

Chapter Approval (Chapter Secretary or Membership Chair)

Print Name Joe Ochoa

Signature  Date 4-26-13

FOR IRWA USE ONLY

Date Received _____ Date in NF _____

Date Approved _____ Date on PM List _____

Membership # _____ Verified By _____

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 - Training
 - Annual Conference
 - Award Programs
 - Representation
 - Technical Inquiry Services

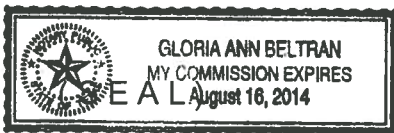
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TITLE: Right of way AGENT

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Invoice

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PLEASE DETACH AND REMIT WITH YOUR PAYMENT

Invoice#: 261781

Customer #: 007910673I

Mr. Joe Ochoa
 Hidalgo County Precinct 4
 1051 N Doolittle
 EDINBURG, TX 78542

Select Payment Method	
<input type="checkbox"/>	Check Enclosed
Card Provider _____	Exp Date ____/____
Card # _____	
Card Holder's Name _____	
Card Holder's Signature _____	

Remit Payment To:

International Right of Way Association (US)
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Total Due: \$178.75
 Amt Remitted : _____