

**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, Guadalupe Treviño, do hereby state that membership in the American Correctional 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 American Correctional Association is a statewide association with a minimum membership of at least 25 percent of eligible political subdivisions.

SIGNATURE: *Guadalupe Treviño*
TITLE: Sheriff

DATE: 07/23/2013

Before me Myra M. Montoya, a Notary Public, appeared Guadalupe Treviño, and on his/her 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 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

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: PRI

Cost: 35.00

Expiration Date: 8/31/2013

▼ 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	\$15	-----	\$25	\$74
<i>(For retirees, full time students & volunteers)</i>				
<input type="checkbox"/> Organization	\$300	-----	\$390	-----
<i>(For non-profit agencies)</i>				
<input type="checkbox"/> Supporting Patron	\$350	-----	\$440	-----
<i>(For profit agencies)</i>				
<input type="checkbox"/> Household*	Prof I \$55	Prof II \$115	Exec Gold \$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: _____