

**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, MARIO LOPEZ, do hereby state that membership in the TEXAS POLICE 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

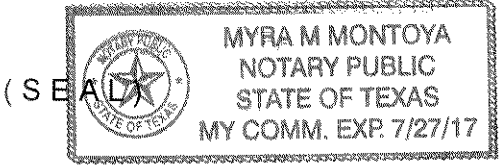
**FOR STATEWIDE ASSOCIATIONS ONLY**

I further state that TEXAS POLICE ASSOCIATION is a statewide association with a minimum membership of at least 25 percent of eligible political subdivisions.

SIGNATURE: *Mario Lopez*  
TITLE: CHIEF DEPUTY

DATE: 5/21/2014

Before me *Myra M. Montoya* a Notary Public, appeared MARIO LOPEZ, 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.



*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

Application for Membership  
**Texas Police Association**

Active - \$30.00  Associate - \$50.00  Affiliate - \$30.00  Sustaining - \$1,500.00  Student Affiliate - \$30.00  Donation - \$   
Membership Paid On-Line -

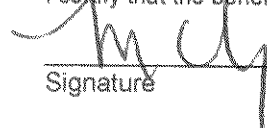
Name Mario Lopez Date of Birth 7/11/66  
Agency/Company Hidalgo County Sheriff's Office Title Chief Deputy

Mailing Address 711 El Cibolo Rd  
City Edinburg State TX Zip 78541

\*Optional - E-mail Address mario.lopez@hidalgo.org

Name of Beneficiary Andres Lopez  
(Active Membership Includes \$4,000.00 Accidental Death Benefit)

I certify that the beneficiary named above is correct according to my wishes.

 5-14-14  
Signature Date

Mail Application and Dues to:  
Texas Police Association, P. O. Box 4247, Austin, Texas 78765-4247