

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

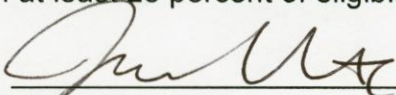
**THE STATE OF TEXAS
COUNTY OF HIDALGO**

I, Joanne Ureste, do hereby state that membership in the Texas Extension
Assoc. Family & Consumer Science, 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

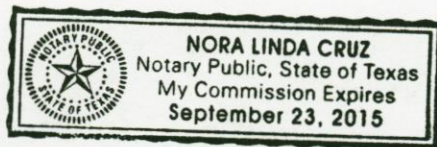
I further state that TX Ext. Assoc. Family & Consumer Science is a statewide association with a minimum membership of at least 25 percent of eligible political subdivisions.


SIGNATURE: 
TITLE: CEA-Family Resources

DATE: 12-12-14

Before me Nora Linda Cruz, a Notary Public, appeared Joanne Ureste, 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.

(SEAL)




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

Invoice

Texas Extension Association Family & Consumer Sciences

Texas AgriLife Extension Service

DATE: OCTOBER 15, 2014

219 Calixto Mora Ave. Falfurrias, TX. 78355
Phone 361.325.4402 Fax 361.325.4157
Celia.salinas@agnet.tamu.edu

TO Joanne Ureste

TREASURER	JOB	PAYMENT TERMS	DUE DATE
Celia Salinas, CEA-FCS	District 12 Treasurer	Due on receipt	November 1, 2014

DESCRIPTION	LINE TOTAL
Texas Extension Association Family & Consumer Sciences Annual Dues New Agent	75.00

**Please make all checks payable to District 12 TEAFCS
Payment is due by November 1, 2014**

THANK YOU FOR YOUR BUSINESS!



New Membership Application Form

RETURN APPLICATION to your **District Treasurer**

Instructions

Date: _____

Please print or type. NEAFCS/TEAFCS Dues for are \$150, which includes **\$100** for your national dues and **\$50** for your TEAFCS dues. National dues include subscriptions to publications.

Category (choose one)

Active Membership—To qualify, you must meet the membership qualifications of your state/territory affiliate AND have at least a bachelor's degree and currently be working in Extension in any capacity with family and consumer sciences or home economics programming.

Joanne Ureste		Ureste
First Name	Middle Name	Last Name
Family Resource Agent	Texas A&M AgriLife Extension	
Job Title	Employer	
410 N. 13 th Ave.	Edinburg	TX 78541
Work Mailing Address	City	State/Territory Zip
Work Physical Address (if different from work mailing address)	City	State/Territory Zip
1931 Evaristo Ln.	Edinburg	TX 78541
Home Address	City	State/Territory Zip
Joanne.Ureste@ag.tamu.edu	joureste@gmail.com	
Work Email Address	Home Email Address	
956-383-1026	956383-1735	956-789-6719
Work Phone/Extension	Work Fax	Home Phone

If you work in a county extension office, in which county is the above office located: Hidalgo

Send mail to my (check one): Work Address Home Address Are you a former member of NEAFCS? Yes No

If you are a former member, please provide the name under which the membership was listed, years of membership and corresponding state/territory:

Please check the ONE box that BEST describes YOUR ROLE IN EXTENSION:

Extension Agent Extension Specialist County Director State Program Leader State Extension Administrator

Please check the ONE box that BEST describes your AREA OF GREATEST EXPERTISE:

<input type="checkbox"/> Nutrition	<input type="checkbox"/> Parenting Education	<input type="checkbox"/> Community Development	<input type="checkbox"/> Aging
<input type="checkbox"/> Food Safety	<input type="checkbox"/> Child Development	<input type="checkbox"/> Administration	<input type="checkbox"/> Health
<input checked="" type="checkbox"/> Financial Management	<input type="checkbox"/> Housing	<input type="checkbox"/> 4-H Youth Development	
<input type="checkbox"/> Human Development	<input type="checkbox"/> Clothing/Textiles	<input type="checkbox"/> Other: _____	

Please indicate UP TO 3 (three) MAJOR AREAS OF PROGRAMMING for which you have responsibility:

<input type="checkbox"/> Nutrition	<input checked="" type="checkbox"/> Parenting Education	<input type="checkbox"/> Community Development	<input type="checkbox"/> Aging
<input type="checkbox"/> Food Safety	<input type="checkbox"/> Child Development	<input type="checkbox"/> Administration	<input type="checkbox"/> Health
<input checked="" type="checkbox"/> Financial Management	<input type="checkbox"/> Housing	<input type="checkbox"/> 4-H Youth Development	
<input type="checkbox"/> Human Development	<input checked="" type="checkbox"/> Clothing/Textiles	<input type="checkbox"/> Other: _____	

For Active membership status, submit this form with your payment directly to your District Treasurer. The District Treasurer will submit this form to the State Treasure.

**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, Andrea Valdez, do hereby state that membership in the Texas Extension
Assoc. Family & Consumer Science, 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

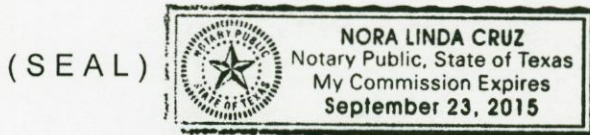
FOR STATEWIDE ASSOCIATIONS ONLY

I further state that TX Ext. Assoc. Family & Consumer Science is a statewide association with a minimum membership of at least 25 percent of eligible political subdivisions.

SIGNATURE: Andrea Valdez
TITLE: CEA-Family & Consumer Science

DATE: 12-8-14

Before me Nora Linda Cruz, a Notary Public, appeared Andrea Valdez, 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.



Nora Linda Cruz
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

Invoice

Texas Extension Association Family & Consumer Sciences

Texas AgriLife Extension Service

219 Calixto Mora Ave. Falfurrias, TX. 78355
Phone 361.325.4402 Fax 361.325.4157
Celia.salinas@agnet.tamu.edu

INVOICE # 0000
DATE: DECEMBER 8, 2014

TO Andrea Valdez

TREASURER	JOB	PAYMENT TERMS	DUE DATE
Celia Salinas, CEA-FCS	District 12 Treasurer	Due on receipt	November 1, 2014

DESCRIPTION	LINE TOTAL
Texas Extension Association Family & Consumer Sciences Annual Dues	150.00

Please make all checks payable to District 12 TEAFCS
Payment is due by November 1, 2014

THANK YOU FOR YOUR BUSINESS!



Active/Affiliate Membership Application Form

RETURN APPLICATION to your **District Treasurer**

Instructions

Date: 10-28-14

Please print or type. NEAFCS/TEAFCS Dues for are \$150, which includes **\$100** for your national dues and **\$50** for your TEAFCS dues. National dues include subscriptions to publications.

Category (choose one)

Active Membership—To qualify, you must meet the membership qualifications of your state/territory affiliate AND have at least a bachelor's degree and currently be working in Extension in any capacity with family and consumer sciences or home economics programming.

Andrea	Ann	Valdez
First Name	Middle Name	Last Name

County Extension Agent – Family & Consumer Sciences	Texas A&M AgriLife Extension Service
Job Title	Employer

410 North 13 th Avenue	Edinburg	TX	78541
Work Mailing Address	City	State/Territory	Zip

Work Physical Address (if different from work mailing address)	City	State/Territory	Zip
--	------	-----------------	-----

816 IJ Street	Mcallen	Tx	78501
Home Address	City	State/Territory	Zip

andrea.valdez@ag.tamu.edu	
Work Email Address	Home Email Address

(956) 383-1026	(956) 383-1735	956-292-6664
Work Phone/Extension	Work Fax	Home Phone

If you work in a county extension office, in which county is the above office located: Hidalgo County

Send mail to my (check one): Work Address Home Address Are you a former member of NEAFCS? Yes No

If you are a former member, please provide the name under which the membership was listed, years of membership and corresponding state/territory:

Please check the ONE box that BEST describes **YOUR ROLE IN EXTENSION**:

Extension Agent Extension Specialist County Director State Program Leader State Extension Administrator

Please check the ONE box that BEST describes your **AREA OF GREATEST EXPERTISE**:

<input checked="" type="checkbox"/> Nutrition	<input type="checkbox"/> Parenting Education	<input type="checkbox"/> Community Development	<input type="checkbox"/> Aging
<input type="checkbox"/> Food Safety	<input type="checkbox"/> Child Development	<input type="checkbox"/> Administration	<input checked="" type="checkbox"/> Health
<input type="checkbox"/> Financial Management	<input type="checkbox"/> Housing	<input type="checkbox"/> 4-H Youth Development	
<input type="checkbox"/> Human Development	<input type="checkbox"/> Clothing/Textiles	<input type="checkbox"/> Other: _____	

Please indicate UP TO 3 (three) **MAJOR AREAS OF PROGRAMMING** for which you have responsibility:

<input checked="" type="checkbox"/> Nutrition	<input type="checkbox"/> Parenting Education	<input type="checkbox"/> Community Development	<input type="checkbox"/> Aging
<input type="checkbox"/> Food Safety	<input type="checkbox"/> Child Development	<input checked="" type="checkbox"/> Administration	<input checked="" type="checkbox"/> Health
<input type="checkbox"/> Financial Management	<input type="checkbox"/> Housing	<input type="checkbox"/> 4-H Youth Development	
<input type="checkbox"/> Human Development	<input type="checkbox"/> Clothing/Textiles	<input type="checkbox"/> Other: _____	

**For Active membership status, submit this form with your payment directly to your District Treasurer.
The District Treasurer will submit this form to the State Treasure.**