

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, Norma Ungoria, do hereby state that membership in the United States Lactation Consultant 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 United States Lactation Consultant Association is a statewide association with a minimum membership of at least 25 percent of eligible political subdivisions.

SIGNATURE: Norma Ungoria
TITLE: WIC Director

DATE: 3/10/15

Before me Monica Badillo, a Notary Public, appeared Norma Ungoria, 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.



Monica Badillo
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



United States Lactation Consultant Association

2015 Membership Application

Applicant Information

First Name: NORMA L. Last Name: LONGORIA Credentials: M.S., L.D.
 Mailing Address
 (for Clinical Lactation) Street Address 3105 W. University Dr.
 City Edinburg State TX Zip 78539 Country U.S.
 Email: norma-longoria@wic-co.hidalgo.tx.us Cell: () - -
 Alternate Phone: (956) 381 - 4646 Opt out of Text Alerts
 Date of Birth (Month & Year) (06/56) Race/Ethnicity: white/hispanic I do not wish to include

Practice Information

Practice Settings (Check all that apply):

- Birthing Center Community Home Visits Hospital Physician Office
 Private Practice Retail WIC Other _____

Languages Spoken (Check all the apply): English Spanish French Other _____

Are you an IBCLC? If yes, complete the following.

IBCLC Certification Number _____ Expiration Date _____

*Find a Lactation Consultant Directory-Please complete your online profile by visiting www.uslca.org/profile

Get Involved

Interested in volunteering for the USLCA?

Check areas of interest:

- Chapters Conference Journal Licensure & Reimbursement

- Marketing Membership Outreach Professional Development Public Relations Social Media

Do you belong to a USLCA Chapter? Yes No If so, which one? _____

Membership

Membership Type Student \$39 Individual \$76 Contributing Professional \$99 Group \$69 (per person) Group Name: _____
 Number of Members: _____

*Please include an application for each member of your group

Payment

Credit Card # _____ Expiration Date _____ Security Code _____

Visa MasterCard Discover Name on credit card: _____

Billing information (if different than application)

Address _____ City _____ State _____ Zip _____

Check included- Make payable to USLCA

Total Due: _____

Mail completed application to:
 United States Lactation Consultant Association (USLCA)
 4410 Massachusetts Ave., NW #406
 Washington, D.C. 20016

Questions?
 202-738-1125
info@USLCA.org

4410 Massachusetts Ave., NW #406, Washington, DC 20016
www.USLCA.org • info@USLCA.org • 202.738.1125

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**THE STATE OF TEXAS
COUNTY OF HIDALGO**

I, Diana Cardona, do hereby state that membership in the United States Lactation Consultant Association and dues to be paid to the association, serve to accomplish one or more of the following County purposes:

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FOR STATEWIDE ASSOCIATIONS ONLY

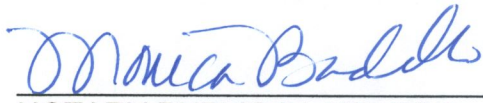
I further state that United States Lactation Consultant Association is a statewide association with a minimum membership of at least 25 percent of eligible political subdivisions.

SIGNATURE: 
TITLE: IBCLC, RLC

DATE: 03-10-2015

Before me Monica Badillo, a Notary Public, appeared Diana Cardona, 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.




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



United States Lactation Consultant Association

2015 Membership Application

Applicant Information

First Name: Diana Last Name: Cardona Credentials: IBCLC, RLC
 Mailing Address (for Clinical Lactation) Street Address 3105 W. University Dr.
 City Edinburg State TX Zip 78539 Country U.S.A.
 Email: diana.cardona@wic.co.hidalgo.tx.us Cell: () - -
 Alternate Phone: (956) 381-4646 Opt out of Text Alerts
 Date of Birth (Month & Year) (07/1962) Race/Ethnicity: White/Hispanic I do not wish to include

Practice Information

Practice Settings (Check all that apply):
 Birthing Center Community Home Visits Hospital Physician Office
 Private Practice Retail WIC Other Support center
 Languages Spoken (Check all the apply): English Spanish French Other _____
 Are you an IBCLC? If yes, complete the following.
 IBCLC Certification Number 10726059 Expiration Date 2017
 *Find a Lactation Consultant Directory-Please complete your online profile by visiting www.uslca.org/profile

Get Involved

Interested in volunteering for the USLCA?
 Check areas of interest: Chapters Conference Journal Licensure & Reimbursement
 Marketing Membership Outreach Professional Development Public Relations Social Media
 Do you belong to a USLCA Chapter? Yes No If so, which one? _____

Membership

Membership Type Student \$39 Individual \$76 Contributing Professional \$99 Group \$69 (per person) Group Name: _____
 Number of Members: _____
 *Please include an application for each member of your group

Payment

Credit Card # _____ Expiration Date _____ Security Code _____
 Visa MasterCard Discover Name on credit card: _____
 Billing information (if different than application)
 Address _____ City _____ State _____ Zip _____
 Check included- Make payable to USLCA Total Due: _____

Mail completed application to:
 United States Lactation Consultant Association (USLCA)
 4410 Massachusetts Ave., NW #406
 Washington, D.C. 20016
 Questions?
 202-738-1125
info@USLCA.org

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**THE STATE OF TEXAS
COUNTY OF HIDALGO**

I, Sandra Escamilla, do hereby state that membership in the United States Lactation Consultant Association and dues to be paid to the association, serve to accomplish one or more of the following County purposes:

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 - Technical Inquiry Services

FOR STATEWIDE ASSOCIATIONS ONLY

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

SIGNATURE: Sandra Escamilla
TITLE: IBCLC, RLC

DATE: 3/6/15

Before me Monica Badillo, a Notary Public, appeared Sandra Escamilla, 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.



Monica Badillo
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



United States Lactation Consultant Association

2015 Membership Application

Applicant Information

First Name: Sandra Last Name: Escamilla Credentials: IBCLC
 Mailing Address (for Clinical Lactation) Street Address 3105 W. University Dr.
 City Edinburg State TX Zip 78539 Country U.S.
 Email: sandra.escamilla@wic.co.hidalgo.tx.us Cell: () -
 Alternate Phone: (956) 292-7711 Opt out of Text Alerts
 Date of Birth (Month & Year) (08 / 65) Race/Ethnicity: White / Hispanic I do not wish to include

Practice Information

Practice Settings (Check all that apply):
 Birthing Center Community Home Visits Hospital Physician Office
 Private Practice Retail WIC Other Lactation Support Center
 Languages Spoken (Check all that apply): English Spanish French Other _____
 Are you an IBCLC? If yes, complete the following.
 IBCLC Certification Number 11195849 Expiration Date 2016
 *Find a Lactation Consultant Directory-Please complete your online profile by visiting www.uslca.org/profile

Get Involved

Interested in volunteering for the USLCA?
 Check areas of interest: Chapters Conference Journal Licensure & Reimbursement
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 Do you belong to a USLCA Chapter? Yes No If so, which one? _____

Membership

Membership Type Student \$39 Individual \$76 Contributing Professional \$99 \$69 (per person)
 Group Name: _____ Number of Members: _____
 *Please include an application for each member of your group

Payment

Credit Card # _____ Expiration Date _____ Security Code _____
 Visa MasterCard Discover Name on credit card: _____
 Billing information (if different than application)
 Address _____ City _____ State _____ Zip _____
 Check included- Make payable to USLCA Total Due: _____

Mail completed application to:
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**THE STATE OF TEXAS
COUNTY OF HIDALGO**

I, Esther Carrizales, do hereby state that membership in the United States
Oratory Consultant 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.
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 - Representation
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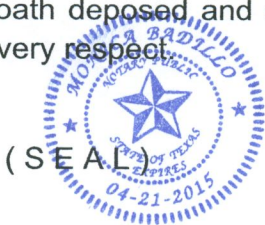
FOR STATEWIDE ASSOCIATIONS ONLY

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

SIGNATURE: Esther Berlene Carrizales
TITLE: BN, IBCLC, RLC

DATE: 03/06/15

Before me Monica Badillo, a Notary Public, appeared Esther Carrizales 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.



Monica Badillo
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



United States Lactation Consultant Association

2015 Membership Application

Applicant Information

First Name: Esther Last Name: Carrizales Credentials: RN, IBCLC, RLC

Mailing Address (for Clinical Lactation) Street Address: 3001 N. 23rd suite 2

City: McAllen State: TX Zip: 78502 Country: USA

Email: esther.carrizales@wic.co.hidalgo.tx.us Cell: () -

Alternate Phone: (956) 292-7711 Opt out of Text Alerts

Date of Birth (Month & Year) (08/1968) Race/Ethnicity: Caucasian I do not wish to include

Practice Information

Practice Settings (Check all that apply):

Birthing Center Community Home Visits Hospital Physician Office

Private Practice Retail WIC Other Lactation Support Center

Languages Spoken (Check all that apply): English Spanish French Other _____

Are you an IBCLC? If yes, complete the following.

IBCLC Certification Number L-41829 Expiration Date 2017

*Find a Lactation Consultant Directory-Please complete your online profile by visiting www.uslca.org/profile

Get Involved

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