

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

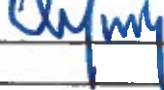
**THE STATE OF TEXAS
COUNTY OF HIDALGO**

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

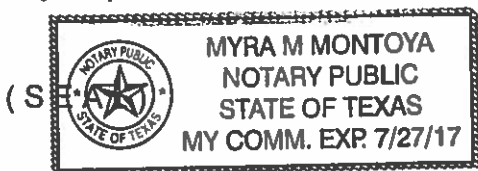
FOR STATEWIDE ASSOCIATIONS ONLY

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: 
TITLE: Chief Deputy

DATE: 9/10/15

Before me Myra M. Montoya, a Notary Public, appeared Mario Lopez, 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



Membership Renewal TEXAS POLICE ASSOCIATION

Please make any changes in employment status, address or beneficiary so that all information is correct.

Department HIDALGO CO SHERIFF DEPT

Mailing Address 711 EL CIBOLO RD

Beneficiary ANDRES LOPEZ

(Active Membership Includes \$4,000.00 Accidental Death Benefit)

Your Signature is needed.

Dues Payable from 8/31/2015

Title CHIEF DEPUTY

City EDINBURG

Zip 78541

TPA MEMBERSHIP DUES 30.00
Membership includes a subscription to Texas Police Journal

I acknowledge that the beneficiary listed above is correct according to my wishes

[Handwritten Signature]
Signature

MARIO LOPEZ
711 EL CIBOLO RD
EDINBURG, IL 78541

Email Needed for Journal:

Sign and return this form with dues to TPA, P O Box 4247, Austin, Texas 78765-4247