

**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, Ashley Gregory, do hereby state that membership in the American Horticultural Society, 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

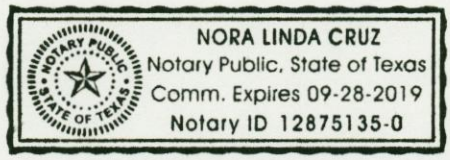
FOR STATEWIDE ASSOCIATIONS ONLY

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

SIGNATURE: *Ashley Gregory*
TITLE: County Extension Agent-Horticulture

DATE: 1-16-16

Before me Nora Linda Cruz, a Notary Public, appeared Ashley Gregory, 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.

(SEAL) 

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

Invoice No: 214077
Date: January 6, 2016

To:
Texas A&M AgriLife Extension Service
c/o Nora Cruz

Ship To:
Ms. Ashley Gregory
410 N. 13th Avenue
Edinburg, TX 78542-3582

| MEMBER NUMBER | APPEAL NUMBER |
|---------------|---------------|
| 214077 | |

| QUANTITY | DESCRIPTION | UNIT PRICE | AMOUNT |
|------------------|---|------------|----------------|
| 1 | 1 year National (Individual) Membership | \$35.00 | \$35.00 |
| SUBTOTAL | | | \$35.00 |
| TOTAL DUE | | | \$35.00 |

Check enclosed. (Made payable to the American Horticultural Society)

Charge my Visa Mastercard American Express
Account # _____ Exp. _____
Signature _____

Please return this invoice with your payment. Thank you for your membership with AHS!