

**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 Assn. Family & Consumer Sciences (TEAFCS), 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

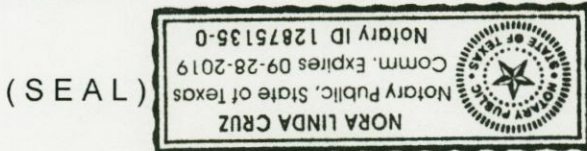
**FOR STATEWIDE ASSOCIATIONS ONLY**

I further state that Texas Extension Assn. Family & Consumer Sciences is a statewide association with a minimum membership of at least 25 percent of eligible political subdivisions.

SIGNATURE: Andrea Valdez  
TITLE: County Extension Agent-Family & Consumer Sciences

DATE: 1/6/14

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.gonzalez@agnet.tamu.edu

INVOICE # 1026  
DATE: OCTOBER 8, 2015

TO Andrea Valdez  
410 North 13<sup>th</sup> Avenue  
Edinburg, TX 78541

TREASURER	JOB	PAYMENT TERMS	DUE DATE
Celia Gonzalez, CEA-FCS	District 12 Treasurer	Due on receipt	October 26, 2015

DESCRIPTION	LINE TOTAL
District 12 Texas Extension Association Family & Consumer Sciences Annual Dues	150.00

**Please make all checks payable to District 12 TEAFCS  
Payment is due by October 26, 2015**

THANK YOU FOR YOUR BUSINESS!



# Active/Affiliate Membership Application & Renewal Form

This is a:  Membership Renewal  New Member Application

Date: 10/16/15

### Instructions

Please print or type. If you are joining/renewing as an Active member, please submit this form to your district treasurer with your payment of \$100 for national dues and \$50 state dues for a total of \$150. 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.

Affiliated Membership—To qualify, you must meet all of the qualifications of Active membership EXCEPT you do not meet the membership qualifications of your state/territory affiliate or there is no state/territory affiliate for you to join.

Andrea | A | Valdez  
First Name | Middle Name | Last Name

CEA-FCS | Texas A&M AgLife Extension  
Job Title | Employer

410 N. 13th Ave | Edinburg | TX | 78541  
Work Mailing Address | City | State/Territory | Zip

410 N. 13th Ave | Edinburg | TX | 78541  
Work Physical Address (if different from work mailing address) | City | State/Territory | Zip

4590 Professional Dr. #2110 | Edinburg | TX | 78539  
Home Address | City | State/Territory | Zip

andrea.valdez@ag.tamu.edu | \_\_\_\_\_  
Work Email Address | Home Email Address

956-383-1026 | \_\_\_\_\_ | \_\_\_\_\_  
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:  
 Nutrition  Parenting Education  Community Development  Aging  
 Food Safety  Child Development  Administration  Health  
 Financial Management  Housing  4-H Youth Development  
 Human Development  Clothing/Textiles  Other: \_\_\_\_\_

Please indicate UP TO 3 (three) MAJOR AREAS OF PROGRAMMING for which you have responsibility:  
 Nutrition  Parenting Education  Community Development  Aging  
 Food Safety  Child Development  Administration  Health  
 Financial Management  Housing  4-H Youth Development  
 Human Development  Clothing/Textiles  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, Joanne Ureste, do hereby state that membership in the Texas Extension Assn. Family & Consumer Sciences (TEAFCS), 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

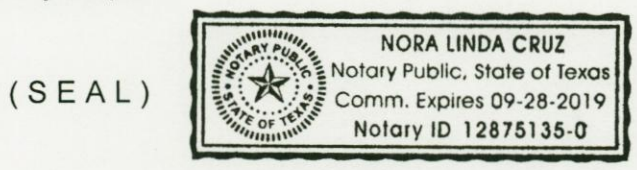
**FOR STATEWIDE ASSOCIATIONS ONLY**

I further state that Texas Extension Assn. Family & Consumer Sciences is a statewide association with a minimum membership of at least 25 percent of eligible political subdivisions.

SIGNATURE: Joanne Ureste  
TITLE: County Extension Agent-Family Resources

DATE: 1-10-10

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



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.gonzalez@agnet.tamu.edu

INVOICE # 1026  
DATE: OCTOBER 6, 2015

TO Joanne Ureste  
410 N. 13<sup>th</sup> Ave.  
Edinburg TX 78541

TREASURER	JOB	PAYMENT TERMS	DUE DATE
Celia Gonzalez, CEA-FCS	District 12 Treasurer	Due on receipt	October 26, 2015

DESCRIPTION	LINE TOTAL
District 12 Texas Extension Association Family & Consumer Sciences Annual Dues	150.00

Please make all checks payable to District 12 TEAFCS  
Payment is due by October 26, 2015

THANK YOU FOR YOUR BUSINESS!



# Active/Affiliate Membership Application & Renewal Form

This is a:  Membership Renewal  New Member Application

Date: October 6, 2015

### Instructions

Please print or type. If you are joining/renewing as an Active member, please submit this form to your **district treasurer** with your payment of **\$100 for national dues and \$50 state dues** for a total of \$150. 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.

**Affiliated Membership**—To qualify, you must meet all of the qualifications of Active membership EXCEPT you do not meet the membership qualifications of your state/territory affiliate or there is no state/territory affiliate for you to join.

Joanne		Ureste		
First Name	Middle Name	Last Name		
County Extension Agent- Family Resources		Texas A&M AgriLife Extension		
Job Title		Employer		
410 N. 13 <sup>th</sup> 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		Joanneu29@yahoo.com		
Work Email Address		Home Email Address		
956-383-1026	956-383-1735	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:

Joanne Ureste, TX

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 Treasurer.**