

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

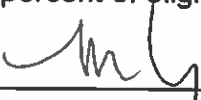
**THE STATE OF TEXAS  
COUNTY OF HIDALGO**

I, MARIO LOPEZ, do hereby state that membership in the AMERICAN JAIL 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

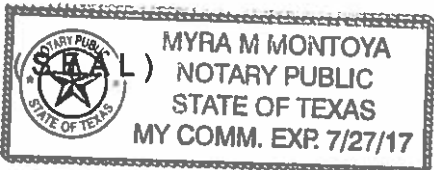
**FOR STATEWIDE ASSOCIATIONS ONLY**


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

SIGNATURE:   
TITLE: CHIEF DEPUTY

DATE: 02/04/2016

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

# AJA Membership Application



The American Jail Association is a national, nonprofit organization dedicated to serving those who work in and operate our Nation's jails. We accomplish this by providing training and professional development, educational resources, personal certification, publications, networking opportunities, and advocacy at State and national levels—all designed to increase professionalism in the field and to help jails and detention facilities be safer for both staff and inmates.

Fax to 301-790-2941 or e-mail to [membership@aja.org](mailto:membership@aja.org). Once the application is received and processed, you will receive a new member packet.\* For additional information, visit [aja.org](http://aja.org).

Please place an "X" in the type of membership:\*\*

- |  |  |  |
|--|--|--|
| <input checked="" type="checkbox"/> Professional Membership (U.S.) \$48  | <input type="checkbox"/> Canadian \$54   | <input type="checkbox"/> International \$66            |
| <input type="checkbox"/> Life Member—\$500 (single or pro-rated)   | <input type="checkbox"/> Single payment  | <input type="checkbox"/> Four Annual payments of \$125 |
| <input type="checkbox"/> Student Membership—\$15 (U.S. only)<br><small>(Available to full-time students not currently employed in the field of corrections—include copy of full-time student ID)</small> | Graduation Date: _____   |  |
| <input type="checkbox"/> Subscription to <i>American Jails</i> magazine only—\$88  | <input type="checkbox"/> Affiliate Membership—\$100<br><small>(Private, nonprofit organizations—evidence of nonprofit status must accompany application)</small> |  |
| <input type="checkbox"/> Retiree Membership—\$36 (U.S. Only)   |  |  |

Name: Mario Lopez Rank: \_\_\_\_\_

Job Title: Chief Deputy Certifications: \_\_\_\_\_

Send my magazine and new member packet to:  Home Address  Work Address

Address: P.O Box 1228 Suite/Apt. #: \_\_\_\_\_

City: Edinburg State: Texas ZIP: 78541

Phone: Office: (956) 383-8114 Cell: \_\_\_\_\_ Fax: (956) 393-6179

Facility Name (required): \_\_\_\_\_

Agency/Organization (required): Hidalgo Co. Sheriff's Office Website: \_\_\_\_\_

Billing address same as mailing address? If not: \_\_\_\_\_

Work E-mail Address (required): mario.lopez@hidalgoso.org

Home E-mail Address: \_\_\_\_\_

I was referred by: \_\_\_\_\_ His/Her agency is: \_\_\_\_\_

Gender:  Male  Female Birth Month: JULY Year Graduated High School: \_\_\_\_\_

Education:  High School Graduate  Associate's Degree  Bachelor's Degree  Master's Degree  Doctorate

Year you entered the field of corrections: \_\_\_\_\_

Agency Category:  Federal  State  County  Other \_\_\_\_\_

Rated Capacity: \_\_\_\_\_ No. of Staff: 796 Sworn: 280 Civilian: 89

Have you previously been a member of AJA?  Yes  No Member # \_\_\_\_\_

How did you learn about AJA?  Internet  *American Jails* magazine  Mailing  AJA Conference or Training Event  
 AJA Member  Other \_\_\_\_\_

### Areas of Concentration

Choose only one:

- Administration
- Chaplaincy
- Classification
- Food Service
- Human Services
- Inmate Programs
- Intake and Release
- Juvenile
- Law Enforcement
- Medical Care
- Mental Health
- Information Systems/Technology
- Substance Abuse Counselor
- Training
- Volunteer
- Other

### Interests:

- Cars
- Cooking
- Crafting
- Fitness
- Gardening
- Hunting/Fishing
- Music
- Outdoor Recreation
- Photography
- Reading
- Sports
- Travelling
- Other

Payment Type:  Check  Purchase Order  Credit Card (Circle one) *VISA MasterCard American Express Discover*  
(Payable to the American Jail Association in U.S. funds drawn on a U.S. bank)

Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Verification on Back: \_\_\_\_\_

Billing ZIP Code: \_\_\_\_\_ Cardholder Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Remit payment to: American Jail Association, 1135 Professional Drive, Hagerstown, MD 21740

\*Membership fee is nonrefundable and nontransferable. \*\*Member contact information is accessible to AJA staff and other AJA members.

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

**THE STATE OF TEXAS  
COUNTY OF HIDALGO**

I, J.E. "EDDIE" GUERRA, do hereby state that membership in the AMERICAN JAIL 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:
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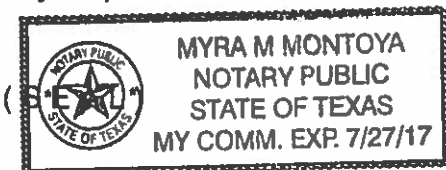
**FOR STATEWIDE ASSOCIATIONS ONLY**

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

SIGNATURE: \_\_\_\_\_  
TITLE: SHERIFF

DATE: 02/04/2016

Before me MYRA M. MONTOYA, a Notary Public, appeared J.E. "EDDIE" GUERRA, 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.



Myra M. Montoya  
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

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Please place an "X" in the type of membership:\*\*

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| <input checked="" type="checkbox"/> Professional Membership (U.S.) \$48  | <input type="checkbox"/> Canadian \$54   | <input type="checkbox"/> International \$66            |
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| <input type="checkbox"/> Retiree Membership—\$36 (U.S. Only)   |  |  |

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Choose only one:

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- Classification
- Food Service
- Human Services
- Inmate Programs
- Intake and Release
- Juvenile
- Law Enforcement
- Medical Care
- Mental Health
- Information Systems/Technology
- Substance Abuse Counselor
- Training
- Volunteer
- Other

Name: J.E "Eddie" Guerra Rank: \_\_\_\_\_

Job Title: SHERIFF Certifications: \_\_\_\_\_

Send my magazine and new member packet to:  Home Address  Work Address

Address: P.O Box 1228 Suite/Apt. #: \_\_\_\_\_

City: Edinburg State: Texas ZIP: 78541

Phone: Office: (956) 383-8114 Cell: \_\_\_\_\_ Fax: (956) 393-6179

Facility Name (required): \_\_\_\_\_

Agency/Organization (required): Hidalgo Co. Sheriff's Office Website: \_\_\_\_\_

Billing address same as mailing address? If not: \_\_\_\_\_

Work E-mail Address (required): sheriff.guerra@hidalgo.org

Home E-mail Address: \_\_\_\_\_

I was referred by: \_\_\_\_\_ His/Her agency is: \_\_\_\_\_

Gender:  Male  Female  Birth Month: JULY  Year Graduated High School: \_\_\_\_\_

Education:  High School Graduate  Associate's Degree  Bachelor's Degree  Master's Degree  Doctorate

Year you entered the field of corrections: \_\_\_\_\_

Agency Category:  Federal  State  County  Other \_\_\_\_\_

Rated Capacity: \_\_\_\_\_ No. of Staff: 796 Sworn: 280 Civilian: 89

Have you previously been a member of AJA?  Yes  No Member # \_\_\_\_\_

How did you learn about AJA?  Internet  *American Jails* magazine  Mailing  AJA Conference or Training Event  
 AJA Member  Other \_\_\_\_\_

### Interests:

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- Hunting/Fishing
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- Outdoor Recreation
- Photography
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Payment Type:  Check  Purchase Order  Credit Card (Circle one) *VISA MasterCard American Express Discover*  
(Payable to the American Jail Association in U.S. funds drawn on a U.S. bank)

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Billing ZIP Code: \_\_\_\_\_ Cardholder Name: \_\_\_\_\_ Signature: \_\_\_\_\_

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

**THE STATE OF TEXAS  
COUNTY OF HIDALGO**

I, DANIEL GARCIA, do hereby state that membership in the AMERICAN JAIL ASSOCIATION, and dues to be paid to the association, serve to accomplish one or more of the following County purposes:

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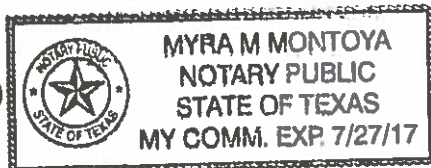
I further state that AMERICAN JAIL ASSOCIATION is a statewide association with a minimum membership of at least 25 percent of eligible political subdivisions.

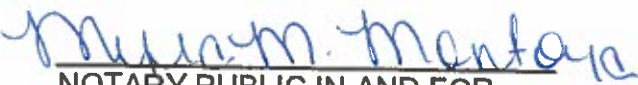
SIGNATURE:   
TITLE: CHIEF

DATE: 2-4-2016

Before me Myra M. Montoya, a Notary Public, appeared DANIEL GARCIA, 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

# AJA Membership Application



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Please place an "X" in the type of membership:\*\*

- |  |  |  |
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| <input type="checkbox"/> Retiree Membership—\$36 (U.S. Only)   |  |  |

Name: DANIEL GARCIA Rank: \_\_\_\_\_

Job Title: CHIEF Certifications: \_\_\_\_\_

Send my magazine and new member packet to:  Home Address  Work Address

Address: P. O. BOX 1228 Suite/Apt. #: \_\_\_\_\_

City: EDINBURG State: TEXAS ZIP: 78541

Phone: Office: (956)383-8114 Cell: \_\_\_\_\_ Fax: (956)393-6027

Facility Name (required): HIDALGO COUNTY SHERIFF'S OFFICE ADULT DETENTION CENTER

Agency/Organization (required): Hidalgo Co. Sheriff's Office Website: \_\_\_\_\_

Billing address same as mailing address? If not: \_\_\_\_\_

Work E-mail Address (required): DANIEL.GARCIA@HIDALGOSO.ORG

Home E-mail Address: \_\_\_\_\_

I was referred by: \_\_\_\_\_ His/Her agency is: \_\_\_\_\_

Gender:  Male  Female  Birth Month: APRIL  Year Graduated High School: \_\_\_\_\_

Education:  High School Graduate  Associate's Degree  Bachelor's Degree  Master's Degree  Doctorate

Year you entered the field of corrections: \_\_\_\_\_

Agency Category:  Federal  State  County  Other \_\_\_\_\_

Rated Capacity: \_\_\_\_\_ No. of Staff: 796 Sworn: 280 Civilian: 89

Have you previously been a member of AJA?  Yes  No Member # \_\_\_\_\_

How did you learn about AJA?  Internet  *American Jails* magazine  Mailing  AJA Conference or Training Event  
 AJA Member  Other \_\_\_\_\_

## Areas of Concentration

Choose only one:

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- Classification
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- Human Services
- Inmate Programs
- Intake and Release
- Juvenile
- Law Enforcement
- Medical Care
- Mental Health
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- Volunteer
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**THE STATE OF TEXAS  
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I, BELINDA MADRIGAL, do hereby state that membership in the AMERICAN JAIL ASSOCIATION, and dues to be paid to the association, serve to accomplish one or more of the following County purposes:

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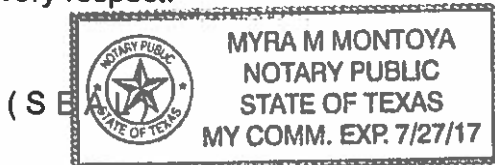
**FOR STATEWIDE ASSOCIATIONS ONLY**

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

SIGNATURE: *Belinda Madrigal*  
TITLE: CAPTAIN

DATE: 02/04/2016

Before me MYRA M. MONTOYA, a Notary Public, appeared BELINDA MADRIGAL, 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.



*Myra M. Montoya*  
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

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Job Title: CAPTAIN Certifications: \_\_\_\_\_

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I was referred by: \_\_\_\_\_ His/Her agency is: \_\_\_\_\_

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