

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

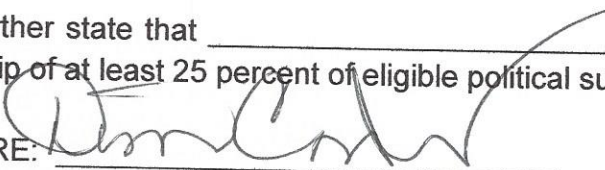
**THE STATE OF TEXAS  
COUNTY OF HIDALGO**

I, Diana Cardona, do hereby state that membership in the International 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 \_\_\_\_\_ is a statewide association with a minimum membership of at least 25 percent of eligible political subdivisions.

SIGNATURE:   
TITLE: IBCLC

DATE: 4-7-16

Before me \_\_\_\_\_, a Notary Public, appeared \_\_\_\_\_, 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

# latch on to ILCA

INTERNATIONAL LACTATION CONSULTANT ASSOCIATION  
2501 AERIAL CENTER PARKWAY, SUITE 103, MORRISVILLE, NC 27560  
P: 919.861.5577 | F: 919-459-2075 | INFO@ILCA.ORG | WWW.ILCA.ORG

## DUES INVOICE

<b>BILL TO:</b> Diana Cardona IBCLC, Nutritionist Hidalgo County WIC Program 3105 W. University Edinburg, TX 78539 3416 United States	<b>MEMBER ID:</b> 151905
<b>DESCRIPTION:</b> Category A Standard	<b>DUE DATE:</b> 12/31/15
	<b>AMOUNT:</b> \$132.00
	<b>TOTAL:</b> \$132.00

*payment due upon receipt.*

**You can pay your dues and update your information online! Visit [www.ilca.org](http://www.ilca.org) and click on "JOIN OR RENEW NOW."**  
If paying through this invoice, please update your profile information on the back of this invoice.

\*If you would like to change your membership type or include benefactor status, please indicate as such below. \* ILCA's membership runs on a calendar year (1 January - 31 December). Regardless of when you join, there is not a pro-rated option and you will still receive all the JHL issues for 2016 and have access to all the membership benefits.

### MEMBERSHIP FEES AND PAYMENT Please refer to the table provided below to determine your membership category. All rates are in US currency.

MEMBER TYPE	2016 DUES \$USD	ILCA BENEFACTOR RATES (OPTIONAL)			TOTAL DUES \$USD
	INDIVIDUAL	BRONZE	SILVER	GOLD	
<b>Category A Countries</b>					
Standard (IBCLCs)	\$132	\$25	\$50	\$100	
<small>[ ] I would like to receive the ONLINE ONLY edition of the Journal of Human Lactation. This option is only available for Category A Standard Members.</small>					subtract \$5
Clinical Care Professionals (non-IBCLCs)	\$119	\$25	\$50	\$100	
Breastfeeding Supporters (non-IBCLCs)	\$80	\$25	\$50	\$100	
Students	\$80	\$25	\$50	\$100	
Retired	\$53	\$25	\$50	\$100	
<b>Category B Countries</b>					
Standard (IBCLCs)	\$27	\$5	\$10	\$21	
Clinical Care Professionals (non-IBCLCs)	\$25	\$5	\$10	\$21	
Breastfeeding Supporters (non-IBCLCs)	\$17	\$5	\$10	\$21	
Students	\$17	\$5	\$10	\$21	
Retired	\$11	\$5	\$10	\$21	
<b>Category C Countries</b>					
Standard (IBCLCs)	\$7	\$1	\$3	\$5	
Clinical Care Professionals (non-IBCLCs)	\$6	\$1	\$3	\$5	
Breastfeeding Supporters (non-IBCLCs)	\$4	\$1	\$3	\$5	
Students	\$4	\$1	\$3	\$5	
Retired	\$3	\$1	\$3	\$5	
<b>Category D Countries</b>					
Standard (IBCLCs)	\$3	\$1	\$1	\$2	
Clinical Care Professionals (non-IBCLCs)	\$3	\$1	\$1	\$2	
Breastfeeding Supporters (non-IBCLCs)	\$2	\$1	\$1	\$2	
Students	\$2	\$1	\$1	\$2	
Retired	\$1	\$1	\$1	\$2	

**RECEIVED**  
JAN 14 2016  
TOTAL \$ 132.00

**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, Sandra Escamilla, do hereby state that membership in the International 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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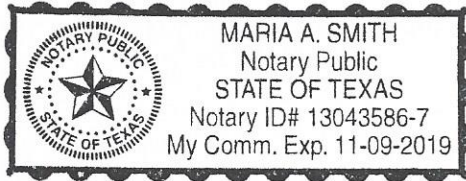
**FOR STATEWIDE ASSOCIATIONS ONLY**

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

SIGNATURE: [Signature]  
TITLE: LBCLC

DATE: 4/07/16

Before me Maria A. Smith, a Notary Public, appeared Sandra Escamilla, 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) 

Maria A. Smith  
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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## DUES INVOICE

<b>BILL TO:</b> Sandra Escamilla IBCLC Hidalgo County WIC Program- Lactation Care Center 3001 N 23rd St Ste 2 McAllen, TX 78501-6179 2293 United States	<b>MEMBER ID:</b> 151907  <b>DUE DATE:</b> 12/31/15
<b>DESCRIPTION:</b> Category A Standard	<b>AMOUNT:</b> \$132.00  <b>TOTAL:</b> \$132.00 <small>payment due upon receipt.</small>
<p>You can pay your dues and update your information online! Visit <a href="http://www.ilca.org">www.ilca.org</a> and click on "JOIN OR RENEW NOW." If paying through this invoice, please update your profile information on the back of this invoice.</p>	

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### MEMBERSHIP FEES AND PAYMENT Please refer to the table provided below to determine your membership category. All rates are in US currency.

MEMBER TYPE	2016 DUES	ILCA BENEFACTOR RATES (OPTIONAL)			TOTAL DUES
	\$USD INDIVIDUAL	BRONZE	SILVER	GOLD	\$USD
<b>Category A Countries</b>					
Standard (IBCLCs)	\$132	\$25	\$50	\$100	
<input type="checkbox"/> I would like to receive the ONLINE ONLY edition of the <i>Journal of Human Lactation</i> . This option is only available for Category A Standard Members.					subtract \$5
Clinical Care Professionals (non-IBCLCs)	\$119	\$25	\$50	\$100	
Breastfeeding Supporters (non-IBCLCs)	\$80	\$25	\$50	\$100	
Students	\$80	\$25	\$50	\$100	
Retired	\$53	\$25	\$50	\$100	
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Standard (IBCLCs)	\$7	\$1	\$3	\$5	
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					<b>TOTAL \$</b>

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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, Esther Carrizales, do hereby state that membership in the International 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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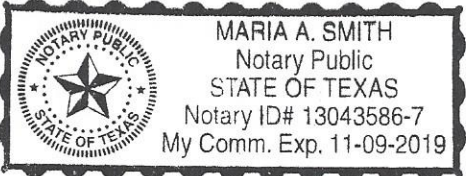
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SIGNATURE: Esther Carrizales  
TITLE: RN, IBCLC

DATE: 04/07/16

Before me Maria A. Smith, a Notary Public, appeared Esther Carrizales, 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) 

Maria A. Smith  
NOTARY PUBLIC IN AND FOR  
THE STATE OF TEXAS

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<b>BILL TO:</b> Esther Carrizales RN, IBCLC Lactation Care Center RGV 3001 N 23rd St Ste 2 McAllen, TX 78501-6179 2292 United States	<b>MEMBER ID:</b> 156119
<b>DESCRIPTION:</b> Category A Standard	<b>DUE DATE:</b> 12/31/15
	<b>AMOUNT:</b> \$132.00
	<b>TOTAL:</b> \$132.00

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