

**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, Clarissa Ramirez, do hereby state that membership in the National WIC 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**

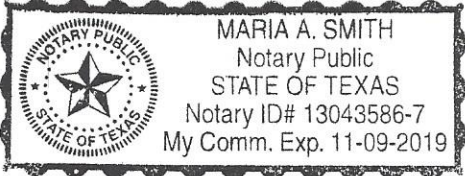
I further state that \_\_\_\_\_ is a statewide association with a minimum membership of at least 25 percent of eligible political subdivisions.

SIGNATURE: Clarissa Ramirez  
TITLE: WIC Director

DATE: 4/7/16

Before me Maria A. Smith, a Notary Public, appeared Clarissa Ramirez, 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)



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

## Local Agency Membership Application/Renewal

**Please fill out the following fields:**

New Member      Renewing Member  
 Agency Name HIDALGO COUNTY WIC Program  
 WIC Coordinator Clarissa Ramirez  
 Title WIC Director     Credentials \_\_\_\_\_  
 Mailing Address 3105 W.University  
 City Edinburg     State Tx     Zip Code 78539  
 Contact Phone Number (956)381-4646     Fax Number (956)380-4056  
 Email Address clarissa.ramirez@wic.co.hidalgo.tx.us     Website Address \_\_\_\_\_

National WIC Association (NWA) 2016 Membership runs January 1, 2016 through December 31, 2016. Please use the chart below to determine your dues for the 2016 membership year.

Number of Participants	Corresponding Member Dues*
1 - 7,000	\$50
7,002 - 14,000	\$100
14,001-28,000	\$200
28,001 - 42,000	\$300
Over 42,000	\$400

Fill in your average monthly participation for 2015: 71617

Fill in your corresponding membership dues: \$ 400.00

**Please Select Payment Method:**

Check (Payable to NWA Tax ID: 521482678), Check # \_\_\_\_\_  
 Visa     Mastercard     American Express     Discover  
 Credit Card #: \_\_\_\_\_     CVC: \_\_\_\_\_     Exp. Date: \_\_\_\_\_  
 Name on Credit Card \_\_\_\_\_     Signature: \_\_\_\_\_  
 Credit Card Billing Address \_\_\_\_\_  
 Bill Me: Invoice should be emailed to \_\_\_\_\_

Please send application and payment to:

National WIC Association  
 Attn: 2016 Membership  
 2001 S Street NW, Suite 580  
 Washington, DC 20009

Or fax to 202-387-5281

**Submit by Email**

\*As of April 2004, the Voting Membership directed the Treasurer and President/CEO to establish an annual dues schedule for NWA Local Agency Members that assess local agencies based on assigned to average monthly participation or caseload.