

**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, ROY A. QUINTANILHA, 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

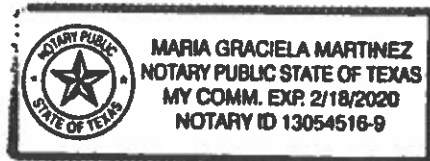
I further state that AMERICAN JAIL ASSOCIATION is a statewide association with a minimum membership of at least 25 percent of eligible political subdivisions.

SIGNATURE: 
TITLE: DIVISION CHIEF

DATE: JULY 11, 2016

Before me Maria Graciela Martinez, a Notary Public, appeared ROY A. QUINTANILHA, 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)




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



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. Once the application is received and processed, you will receive a new member packet.* For additional information, visit 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)
<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
<small>(Private, nonprofit organizations—evidence of nonprofit status must accompany application)</small> | |
| <input type="checkbox"/> Retiree Membership—\$36 (U.S. Only) | | |

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

Name: ROY A. QUINTANILHA Rank: _____

Job Title: DIVISION 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)393-6023 Cell: _____ Fax: (956)393-6027

Facility Name (required): HIDALGO COUNTY SHERIFF'S 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): ROY.QUINTANILHA@HIDALGOSO.ORG

Home E-mail Address: _____

I was referred by: _____ His/Her agency is: _____

Gender: Male Female Birth Month: _____ 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:

- Cars
- Cooking
- Crafting
- Fitness
- Gardening
- Hunting/Fishing
- Music
- Outdoor Recreation
- Photography
- Reading
- Sports
- Traveling
- 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.