

**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

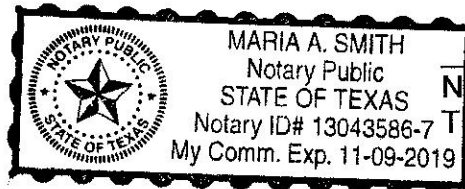
I further state that International Lactation Consultant Association is a statewide association with a minimum membership of at least 25 percent of eligible political subdivisions.

SIGNATURE: *Diana Cardona*
TITLE: _____

DATE: Jan - 19 - 2017

Before me Maria A. Smith, a Notary Public, appeared DIANA CARDONA, 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 4/20/17
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



110 Horizon Drive Suite 210, Raleigh, NC 27615
 Phone: 919.861.5577 * Fax: 919.459.2075 * Email: info@ilca.org * Web: www.ilca.org

DUES INVOICE

Bill To: Diana Cardona, IBCLC, Nutritionist
 Hidalgo County WIC Program
 3105 W. University
 Edinburg, TX 78539 US

Due Date: 31 December 2016
Member ID: 151905

Payment due upon receipt.

You can pay your dues and update your information online! Visit 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.

DESCRIPTION	AMOUNT
Category A Standard	\$ 132
TOTAL	\$ 132

Payment Information		
Check (payable to ILCA):	Credit Card: <input type="checkbox"/> Discover <input type="checkbox"/> MasterCard <input type="checkbox"/> VISA	
Credit Card Number:	Security Code:	Exp. Date:
Signature:		

Questions? Please contact the ILCA Membership Team at +1(919)459-6108 or membership@ilca.org.

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 no pro-rated option and you will still receive all the JHL issues for 2017 and have access to all the membership benefits.

Membership Categories					
Please refer to the table below to determine your membership category. All rates are in US currency. For information about our group membership (10+members), please visit JOINILCA.ORG/ILCA17 .					
MEMBER TYPE	2017 DUES \$USD INDIVIDUAL	ILCA BENEFACTOR RATES (OPTIONAL)			TOTAL DUES \$USD
		BRONZE	SILVER	GOLD	
Category A Countries					
Standard (IBCLCs)	<input checked="" type="checkbox"/> \$132	<input type="checkbox"/> \$25	<input type="checkbox"/> \$50	<input type="checkbox"/> \$100	\$ 132.00
<input type="checkbox"/> 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.					Subtract \$5
Clinical Care Professionals (non-IBCLCs)	<input type="checkbox"/> \$119	<input type="checkbox"/> \$25	<input type="checkbox"/> \$50	<input type="checkbox"/> \$100	\$
Breastfeeding Supporters (non-IBCLCs)	<input type="checkbox"/> \$80	<input type="checkbox"/> \$25	<input type="checkbox"/> \$50	<input type="checkbox"/> \$100	\$
Students	<input type="checkbox"/> \$80	<input type="checkbox"/> \$25	<input type="checkbox"/> \$50	<input type="checkbox"/> \$100	\$
Retired	<input type="checkbox"/> \$53	<input type="checkbox"/> \$25	<input type="checkbox"/> \$50	<input type="checkbox"/> \$100	\$
Category B Countries					
Standard (IBCLCs)	<input type="checkbox"/> \$27	<input type="checkbox"/> \$5	<input type="checkbox"/> \$10	<input type="checkbox"/> \$21	\$
Clinical Care Professionals (non-IBCLCs)	<input type="checkbox"/> \$25	<input type="checkbox"/> \$5	<input type="checkbox"/> \$10	<input type="checkbox"/> \$21	\$
Breastfeeding Supporters (non-IBCLCs)	<input type="checkbox"/> \$17	<input type="checkbox"/> \$5	<input type="checkbox"/> \$10	<input type="checkbox"/> \$21	\$

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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, 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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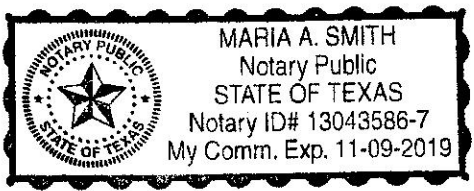
I further state that International Lactation Consultant Association is a statewide association with a minimum membership of at least 25 percent of eligible political subdivisions.

SIGNATURE: [Signature]
TITLE: IBCLC-RLC

DATE: 1/19/17

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



[Signature]
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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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

BILL TO: Sandra Escamilla IBCLC Hidalgo County Wic Program- Lactation Care Center 3001 N 23rd St Ste 2 McAllen, TX 78501-6179	MEMBER ID: 151907
DESCRIPTION: Category A Standard	DUE DATE: 12/31/2016
	AMOUNT: \$132.00
	TOTAL:

payment due upon receipt.

You can pay your dues and update your information online. Visit www.ilca.org and click on JOIN OR RENEW NOW. If you are unable to do this online, please contact your local affiliate for information on the above information.

*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 2017 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	2017 DUES \$USD	ILCA BENEFACTOR RATES (OPTIONAL)			TOTAL DUES
	INDIVIDUAL	BRONZE	SILVER	GOLD	\$USD
Category A Countries					
Standard (IBCLCs)	\$132	\$25	\$50	\$100	132.00
[] would like to receive the ONLINE ONLY edition of the <i>Journal of Human Lactation</i> . 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	
Category B Countries					
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	
Category C Countries					
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	
Category D Countries					
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	
					TOTAL \$

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**THE STATE OF TEXAS
COUNTY OF HIDALGO**

I, Esther B. Carrizalez, 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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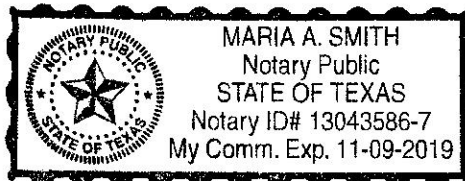
I further state that International Lactation Consultant Association is a statewide association with a minimum membership of at least 25 percent of eligible political subdivisions.

SIGNATURE: Esther B. Carrizalez
TITLE: RNC-LRN, BCLC, RLC

DATE: 01/19/17

Before me Maria A. Smith, a Notary Public, appeared ESTHER B. CARRIZALEZ, 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

COUNTY AUDITOR'S FORM: RE-CA-041B

REVISED: 12-2012



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P: 919.861.5577 | F: 919-459-2075 | INFO@ILCA.ORG | WWW.ILCA.ORG

DUES INVOICE

BILL TO: Esther Burlene Carrizales RN, IBCLC Lactation Care Center Rgv 3001 N 23rd St Ste 2 McAllen, TX 78501-6179	MEMBER ID: 156119
	DUE DATE: 12/31/2016
DESCRIPTION: Category A Standard	AMOUNT: \$132.00
	TOTAL:

payment due upon receipt.

You can pay your dues and update your information online! Visit www.ilca.org and click on "JOIN OR RENEW NOW".
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Students	\$2	\$1	\$1	\$2	
Retired	\$1	\$1	\$1	\$2	
					TOTAL \$