

**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, Joanne Ureste, do hereby state that membership in the National Child Passenger Safety Certification Training, 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

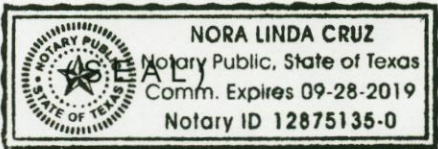
FOR STATEWIDE ASSOCIATIONS ONLY

I further state that Natl.Child Passenger Safety Cert. Trng. is a statewide association with a minimum membership of at least 25 percent of eligible political subdivisions.

SIGNATURE: *Joanne Ureste*
TITLE: County Extension Agent-Family Resources

DATE: 1/12/17

Before me Nora Linda Cruz, a Notary Public, appeared Joanne Ureste, 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.



Nora Linda Cruz
NOTARY PUBLIC IN AND FOR
THE STATE OF TEXAS

National Child Passenger Safety Certification Training Program Re-Certification Payment Form

Registration Type/Fee: Technician Re-certification \$ 50
 Instructor Re-certification \$ 60

Registrant Contact Information

Name: Joanne Ureste
SK ID: 735425 - *elwaicett*
Certification ID: T735425
Certification Exp.Date : 3/26/2017
E-mail: Joanne.Ureste@ag.tamu.edu

Payment Information

Your recertification registration **will not be accepted and processed** unless the check is included or the purchase order information below is complete. If you are paying with a credit card, please complete the registration process by paying online.

** PRINT CLEARLY **

Payment Method: Personal Check Business Check
 Purchase Order Money Order

Check/P.O. Number: _____
Amount on Check/P.O.: _____
Issuing Agency: _____

Billing Contact Name: _____
Billing Contact Phone: () _____
Billing Contact Email: _____

Bill To Address: _____

Please make checks payable to **Safe Kids Worldwide** and submit your payment and registration form to the address below. Purchase orders can be faxed to 917-305-9876, attn: Safe Kids.

If payment for multiple registrations is included on the check or P.O., all registration forms must be submitted with the payment as a group. The Safe Kids U.S. federal tax ID is 52-1627574.

Safe Kids
 c/o PES
 475 Riverside Drive, 6th Floor
 New York, NY 10115

If you have any questions about this registration form, please contact customer service toll free at 877-366-8154.