

Government Finance Officers Association

203 N. LaSalle Street, Suite 2700
Chicago, IL 60601-1216
Phone: (312)977-9700 Fax: (312)977-4806
E-Mail: Membership@GFOA.Org
Tax ID: 36-2167796

Renewal Notice

Notice #: 0122001
Notice Date: 08/01/2017

RCVD AUDITORS
AUG 17 '17 AM 10:39

83422001 Y12 County 500-749K

Current Paid Thru: 09/30/2017

Mr. Raymundo Eufrazio, CPA
County of Hidalgo
2808 South Business Highway 281
Edinburg, TX 78539 United States

Membership Renewal for the period of 10/01/2017 through 09/30/2018

Membership Dues Base Fee \$1,775.00

In-Base Member(s)

In-Base Member(s)	Member #
*Mr. Raymundo Eufrazio, CPA County Auditor	300141888
Ms. Arcilia B. Duran, MBA Director of Audit Division	300077249
Ms. Linda C. Fong First Assistant Auditor	300129770
Ms. Marcela Luna Director of Accounting Division	300148648
Ms. Nereyda Gonzalez Financial Accounting Supervisor	300191563
Ms. Deborah Fischer Grants Accounting Supervisor	300187033

* Indicates Primary Contact

No. of In Base Memberships Included in Base Fee: 6
Current Number of In Base Members: 6

7 -1100-415-21-170-001-0- 810
INVOICE RECEIVED BY:

[Signature] ON 8-17-17
GOODS/SERVICES RECEIVED BY:
[Signature] ON 10-1-17
ON 9-30-18

Total Amount Due: \$1,775.00

If you need to make any changes to your membership information, please return a copy of the enclosed card with this notice reflecting your changes. Please copy card for additional changes.

Notice #: 0122001
Notice Date: 08/01/2017
Membership Number: 83422001

REMITTANCE STUB

(Please Return with Payment)

County of Hidalgo
2808 South Business Highway 281
Edinburg, TX 78539 United States

Membership Renewal for the period of 10/01/2017 through 09/30/2018

Please Remit to:
Government Finance Officers Association
203 N. LaSalle Street, Suite 2700
Chicago, IL 60601-1216
Payments by credit card should be mailed or faxed to the address at the top of this form.

Membership Dues Base Fee \$1,775.00
\$0.00
Total Amount Due: \$1,775.00

Name on Card: _____ Signature: _____

Credit Card Number: _____ Expiration Date: _____