

**TO THE COUNTY AUDITOR
AFFIDAVIT FOR PAYMENT OF MEMBERSHIP DUES
TO ASSOCIATIONS OTHER THAN THE TEXAS ASSOCIATION OF COUNTIES**

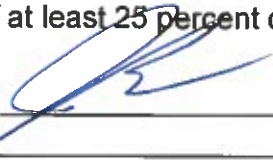
**THE STATE OF TEXAS
COUNTY OF HIDALGO**

I, J.E. "Eddie" Guerra, do hereby state that membership in the International Association of Chiefs of Police, 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

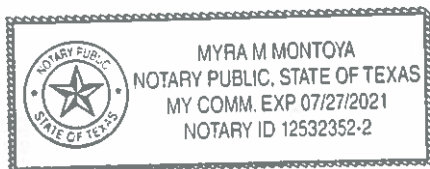
I further state that Intl. Assoc. of Chiefs of Police is a statewide association with a minimum membership of at least 25 percent of eligible political subdivisions.

SIGNATURE: 
TITLE: Sheriff

DATE: 8/10/2017

Before me Myra M. Montoya, a Notary Public, appeared J.E. "Eddie" Guerra, 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.

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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



IACP Membership Application

International Association of Chiefs of Police
P.O. Box 62564
Baltimore, MD 21264-2564
Phone: 1-800-THE IACP; 703-836-6767; Fax: 703-836-4543

DO NOT USE

Name: Jose E. Guerra (Please Print)
First Middle Initial Last

Title/Rank: Sheriff

Agency/Business Name: Hidalgo County Sheriffs Office

Business Address: 711 El Cibolo Rd

City, State, Zip, Country: Edinburg TX, 78542, U.S

Residence Address: _____

City, State, Zip, Country: _____

Business Phone: (956) 383-8114 Fax: (956) 393-6179

Send mail to my Business Residence Address

E-mail: sheriff.guerra@hidalgo.so.org

Website: _____

Have you previously been a member of IACP? Yes No

Date of Birth: (MM/DD/Year) 7 / 14 / 62 I am a sworn officer. Yes No

Number of sworn officers in your agency (if applicable) a. 1-5 b. 6-15 c. 16-25
 d. 26-49 e. 50-99 f. 100-249 g. 250-499 h. 500-999 i. 1000+

Approximate pop. served (if applicable) a. under 2,500 b. 2,500 - 9,999 c. 10,000 - 49,999
 d. 50,000 - 99,999 e. 100,000 - 249,999 f. 250,000 - 499,999 g. 500,000 +

Education (Highest Degree): Bachelor of Science Degree in Agricultural Education

Date elected or appointed to present position: 4/3/2014

Law enforcement experience (with approx. dates): 22 years

- I have an Active Member Sponsor – Their name is: _____
- I do not have an Active Member Sponsor. The IACP Executive Director will sponsor new members without a sponsor. Please allow for additional time in processing your application.

Amount to be charged _____ (U.S. dollars only—Membership includes subscription to Police Chief magazine valued at \$30. Student members receive online Police Chief magazine access.)

I have enclosed: Purchase order Personal check/money order Agency check
Charge to: MasterCard VISA American Express Discover

Cardholder's Name: _____

Card #: _____ Exp. Date: ____/____

Cardholder's Billing Address: _____

Signature: _____

All memberships expire December 31 of each calendar year. Applications received after August 1 will expire the following year. Return completed application via mail, fax (703-836-4543) or email (membership@theiacp.org). Questions? Contact Membership at 800-THE-IACP.

WEB

Membership Categories

Information on membership categories, benefits, and eligibility can be found on the IACP web site www.theiacp.org/membership

- Active Member (sworn command level) \$150
- Associate Member:
 - General \$150
 - Academic \$150
 - Service Provider \$250
 - Sworn Officer—Leader of Tomorrow (sworn non-command level) \$75
 - Student—Leader of Tomorrow (full-time students/not employed in a full-time position) \$75
 - University name: \$30

Optional Section Memberships: (IACP Membership is a prerequisite for Section Membership)

- Capitol Police Section \$30
- Defense Chiefs of Police Section \$15
- Drug Recognition Expert (DRE) \$25
- Indian Country Law Enforcement \$25
- Intl Managers Police Academy & College Training \$25
- Law Enforcement Information Management (LEIM) \$25
- Legal Officers \$35
- Mid-Sized Agencies Section \$50
- Police Foundations Section \$20
- Police Physicians \$35
- Police Psychological Services—initial processing fee \$50
- Public Information Officers \$15
- Public Transit Police No Charge
- Railroad Police No Charge
- Retired Chiefs No Charge
- Smaller Department \$20
- S & P Police Alumni Section No Charge
- S & P Police Academy Directors No Charge
- S & P Police Planning Officers No Charge
- University/College Police—Initial Member \$50
- University/College Police—Additional members \$15

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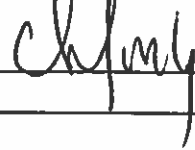
**THE STATE OF TEXAS
COUNTY OF HIDALGO**

I, Mario Lopez, do hereby state that membership in the International Association of Chiefs of Police, 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:
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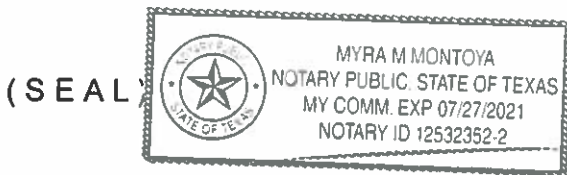
FOR STATEWIDE ASSOCIATIONS ONLY

I further state that Intl. Assoc. of Chiefs of Police is a statewide association with a minimum membership of at least 25 percent of eligible political subdivisions.

SIGNATURE: 
TITLE: Chief Deputy

DATE: 6/10/2017

Before me Myra M. Montoya, a Notary Public, appeared Mario Lopez, 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.




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



IACP Membership Application

International Association of Chiefs of Police
P.O. Box 62564
Baltimore, MD 21264-2564
Phone: 1-800-THE IACP; 703-836-6767; Fax: 703-836-4543

DO NOT USE

Name: Mario Lopez (Please Print)
First Middle Initial Last

Title/Rank: Chief Deputy

Agency/Business Name: Hidalgo County Sheriff's Office

Business Address: 711 El Cibolo Rd

City, State, Zip, Country: Edinburg, TX, 78541, U.S

Residence Address: _____

City, State, Zip, Country: _____

Business Phone: (956) 383-8114 Fax: (956) 393-6179

Send mail to my Business Residence Address

E-mail: mario.lopez@hidalgo.so.org

Website: _____

Have you previously been a member of IACP? Yes No

Date of Birth: (MM/DD/Year) 07/11/1966 I am a sworn officer. Yes No

Number of sworn officers in your agency (if applicable) a. 1-5 b. 6-15 c. 16-25

d. 26-49 e. 50-99 f. 100-249 g. 250-499 h. 500-999 i. 1000+

Approximate pop. served (if applicable) a. under 2,500 b. 2,500 - 9,999 c. 10,000 - 49,999

d. 50,000 - 99,999 e. 100,000 - 249,999 f. 250,000 - 499,999 g. 500,000 +

Education (Highest Degree): 93 Hours of University

Date elected or appointed to present position: April 2014

Law enforcement experience (with approx. dates): 30 years - and 3 months

I have an Active Member Sponsor - Their name is: _____

I do not have an Active Member Sponsor. The IACP Executive Director will sponsor new members without a sponsor. Please allow for additional time in processing your application.

Amount to be charged _____ (U.S. dollars only—Membership includes subscription to *Police Chief* magazine valued at \$30. Student members receive online *Police Chief* magazine access.)

I have enclosed: Purchase order Personal check/money order Agency check

Charge to: MasterCard VISA American Express Discover

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Card #: _____ Exp. Date: ____/____/____

Cardholder's Billing Address: _____

Signature: _____

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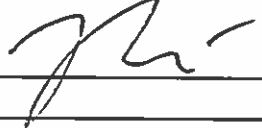
**THE STATE OF TEXAS
COUNTY OF HIDALGO**

I, Joel Rivera, do hereby state that membership in the International Association of Chiefs of Police, 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.
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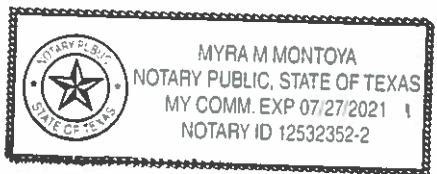
FOR STATEWIDE ASSOCIATIONS ONLY


I further state that Intl. Assoc. of Chiefs of Police is a statewide association with a minimum membership of at least 25 percent of eligible political subdivisions.

SIGNATURE: 
TITLE: Division Chief

DATE: 8/10/2017

Before me Myra M. Montoya, a Notary Public, appeared Joel Rivera, 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.




NOTARY PUBLIC IN AND FOR
THE STATE OF TEXAS

AUTHORITY TO OBTAIN AFFIDAVIT: LGC § 113.064(b)
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Baltimore, MD 21264-2564
Phone: 1-800-THE IACP; 703-836-6767; Fax: 703-836-4543

DO NOT USE

Name: Joel Rivera (Please Print)
First Middle Initial Last

Title/Rank: Division Chief

Agency/Business Name: Hidalgo County Sheriff's Office

Business Address: 711 El Cibolo Rd

City, State, Zip, Country: Edinburg, TX, 78542, U.S

Residence Address: _____

City, State, Zip, Country: _____

Business Phone: (956) 383-8114 Fax: (956) 393-6179

Send mail to my Business Residence Address

E-mail: Joel.rivera@hidalgo.so.org

Website: _____

Have you previously been a member of IACP? Yes No

Date of Birth: (MM/DD/Year) 06/24/1976 I am a sworn officer. Yes No

Number of sworn officers in your agency (if applicable) a. 1-5 b. 6-15 c. 16-25

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Approximate pop. served (if applicable) a. under 2,500 b. 2,500 - 9,999 c. 10,000 - 49,999

d. 50,000 - 99,999 e. 100,000 - 249,999 f. 250,000 - 499,999 g. 500,000 +

Education (Highest Degree): Ph.D.

Date elected or appointed to present position: 4/2014

Law enforcement experience (with approx. dates): 12/1998 - Present
(18 years)

- I have an Active Member Sponsor - Their name is: _____
- I do not have an Active Member Sponsor. The IACP Executive Director will sponsor new members without a sponsor. Please allow for additional time in processing your application.

Amount to be charged _____ (U.S. dollars only—Membership includes subscription to *Police Chief* magazine valued at \$30. Student members receive online *Police Chief* magazine access.)

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