

**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 District 12 TEAFCH, 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

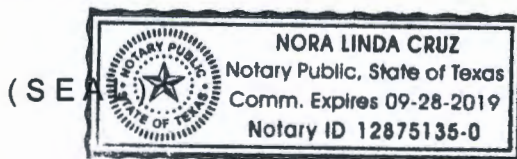
FOR STATEWIDE ASSOCIATIONS ONLY

I further state that District 12 TEAFCH 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: 12/12/17

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



Nora Linda Cruz
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

INVOICE

Date: 11/1/2017
Invoice: 110120179

District 12 TEAFCH
219 Calixto Mora Ave.
Falfurrias, TX 78355
361.325.4402 Ext. 322
csalinas@ag.tamu.edu

To

Joanne Ureste
District 12 CEA-FCH
410 N. 13th Avenue
Edinburg, TX 78541

	<i>Description</i>	<i>Registration Fee</i>	<i>Total</i>
	TEAFCS Dues for Joanne Ureste CEA-Family Resources	150.00	\$150.00
		Subtotal	
		Sales Tax	
		Total	\$150.00

Make Checks Payable to District 12 TEAFCH



Active/Affiliate Membership Application & Renewal Form

This is a: Membership Renewal New Member Application

Date: November 6, 2017

Instructions

Please print or type. If you are joining/renewing as an Active member, please submit this form to your state/territory treasurer with your payment of \$100 for national dues and state dues of \$50. If you are joining as an Affiliate member, please submit this form with your \$100 national dues directly to NEAFCS, **Active Renewal & New Membership Dues are to be returned to your District Treasurer.**

Category (choose one)

Active Membership—To qualify, you must meet the membership qualifications of your state/territory affiliate AND have at least a bachelor's degree and currently be working in Extension in any capacity with family and consumer sciences or home economics programming.

Affiliated Membership—To qualify, you must meet all of the qualifications of Active membership EXCEPT you do not meet the membership qualifications of your state/territory affiliate or there is no state/territory affiliate for you to join.

Joanne | URESTE
First Name | Middle Name | Last Name

County Extension Agent-FCH | Texas A&M AgriLife Extension Service
Job Title | Employer

410 North 13th Avenue | Edinburg | Texas | 78541
Work Mailing Address | City | State/Territory | Zip

410 North 13th Avenue | Edinburg | Texas | 78541
Work Physical Address (if different from work mailing address) | City | State/Territory | Zip

1931 Evaristo Ln | Edinburg | TX | 78541
Home Address | City | State/Territory | Zip

Joanne.Ureste@ag.tamu.edu | Joanneu29@yahoo.com
Work Email Address | Home Email Address

(956) 383-1026 | (956) 383-1735 |
Work Phone/Extension | Work Fax | Home Phone

If you work in a county extension office in which county is the above office located: Hidalgo

Send mail to my (check one): Work Address Home Address Are you a former member of NEAFCS? Yes No

If you are a former member, please provide the name under which the membership was listed, years of membership and corresponding state/territory:

Please check the ONE box that BEST describes YOUR ROLE IN EXTENSION:

Extension Agent Extension Specialist County Director State Program Leader State Extension Administrator

Please check the ONE box that BEST describes your AREA OF GREATEST EXPERTISE:

- | | | | |
|--|--|--|---------------------------------|
| <input type="checkbox"/> Nutrition | <input type="checkbox"/> Parenting Education | <input type="checkbox"/> Community Development | <input type="checkbox"/> Aging |
| <input type="checkbox"/> Food Safety | <input type="checkbox"/> Child Development | <input type="checkbox"/> Administration | <input type="checkbox"/> Health |
| <input checked="" type="checkbox"/> Financial Management | <input type="checkbox"/> Housing | <input type="checkbox"/> 4-H Youth Development | |
| <input type="checkbox"/> Human Development | <input type="checkbox"/> Clothing/Textiles | <input type="checkbox"/> Other: _____ | |

Please indicate UP TO 3 (three) MAJOR AREAS OF PROGRAMMING for which you have responsibility:

- | | | | |
|---|---|--|---------------------------------|
| <input type="checkbox"/> Nutrition | <input checked="" type="checkbox"/> Parenting Education | <input type="checkbox"/> Community Development | <input type="checkbox"/> Aging |
| <input type="checkbox"/> Food Safety | <input checked="" type="checkbox"/> Child Development | <input type="checkbox"/> Administration | <input type="checkbox"/> Health |
| <input type="checkbox"/> Financial Management | <input type="checkbox"/> Housing | <input type="checkbox"/> 4-H Youth Development | |
| <input type="checkbox"/> Human Development | <input checked="" type="checkbox"/> Clothing/Textiles | <input type="checkbox"/> Other: _____ | |

**For Active membership status, submit this form directly to your State Affiliate Treasurer.
If joining as Affiliate member (see qualifications above), send your form directly to:
NEAFCS National Office, 325 John Knox Rd, Suite L-103, Tallahassee, FL 32303**