



**TEXAS ASSOCIATION OF LOCAL WIC DIRECTORS
ANNUAL MEMBERSHIP DUES
January 1st – December 31st, 2018**

PLEASE PRINT OR TYPE

Local Agency: Hidalgo County WIC Local Agency # 12

Address: 3105 W. University, Edinburg, Texas 78539

Phone : (956)381-4646 Fax: (956)381-0017

Email: clarissa.ramirez@wic.co.hidalgo.tx.us

Voting
Representative _____
(WIC Director or Designee)

Annual Dues: \$125.00 Payable by December 31, 2017 for calendar year Jan. 1-Dec. 31, 2018

Pay by check or credit card. If paying by credit card: Name on card _____

Credit Card Number _____

Expiration date _____ Signature _____

Payable to: Texas Association of Local WIC Directors
Mail to: TALWD
P.O. Box 49276
Austin, Texas 78765

THE IMPORTANCE OF TALWD MEMBERSHIP:

TALWD acts as a vehicle for the expression of ideas on planning, policy, coordination, implementation and administration of the WIC Program on the local, state and federal level.

TALWD fosters communication between local WIC Programs and the Texas Department of Health with the goal of positively effecting the administration of WIC within the state.

TALWD brings together the administrators of the local agency WIC Programs in order to promote peer support, orientation and/or assistance.

TALWD promotes professional and public awareness of new and existing federal and state legislation.

Membership in TALWD represents an agency membership.

**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, Clarissa Ramirez, do hereby state that membership in the Texas Association of Local WIC Directors, 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

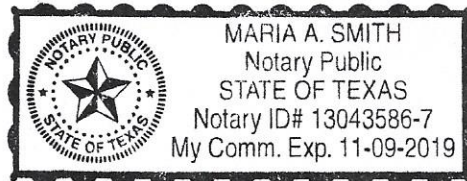
I further state that _____ is a statewide association with a minimum membership of at least 25 percent of eligible political subdivisions.

SIGNATURE: *Clarissa Ramirez*
TITLE: WIC Director

DATE: 2/20/18

Before me Maria A. Smith, a Notary Public, appeared Clarissa Ramirez, 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.

(S E A L)



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



National WIC Association

Local Agency Membership Application

New Member Renewing Member

Agency Name HIDALGO COUNTY WIC PROGRAM
 Main Contact Clarissa Ramirez
 Title WIC Director Credentials _____
 Mailing Address 3105 W. University
 City Edinburg State TX Zip Code 78539
 Contact Phone (956) 381-4646 Fax (956) -381-0017
 Contact Email clarissa.ramirez@wic.co.hidalgo.tx.us Website _____

National WIC Association Membership Runs from January 1 through December 31. Please use the chart below to determine your dues.

Number of Participants Member Dues*

1 - 7000 \$50
 7002 - 14000 \$100
 14001 - 28000 \$200
 28001 - 42000 \$300
 Over 42000 \$400
 Your average monthly participation for last year: 68,000
 Your membership dues: \$400.00 (PROMO CODE: _____)
 Total Amount Due: \$400.00

Please Select Payment Method:

Purchase Order #: _____
 Check # (Payable to NWA Tax ID: 521482678): _____
 Visa MasterCard American Express Discover

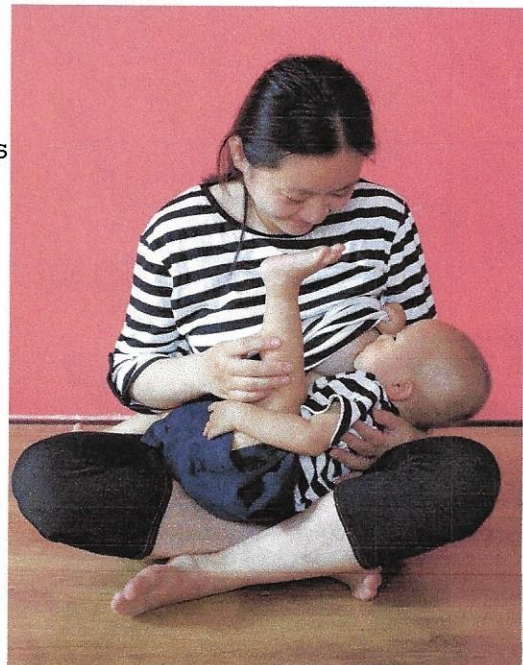
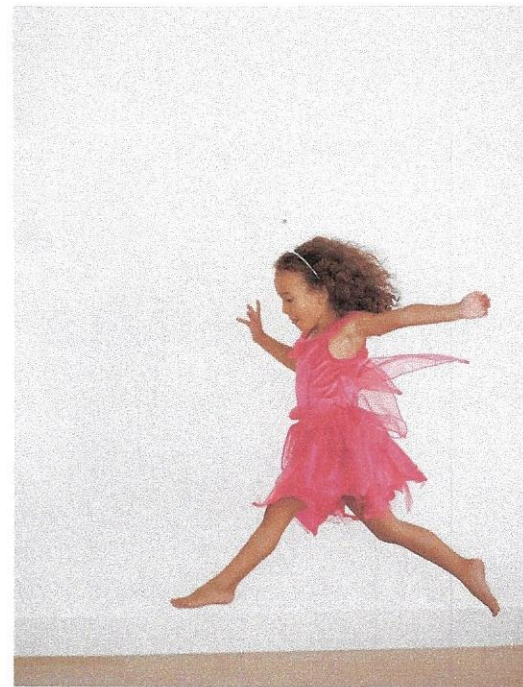
Credit Card #: _____ CVC: _____ Exp.: _____
 Name on Card: _____ Signature: _____
 Billing Address: _____

Bill me: Email invoice to: mague.gonzalez@wic.co.hidalgo.tx.us

Please send application and payment to: National WIC Association

2001 S St NW Ste 580
 Washington, DC 20009
 Fax: 202-387-5281
 Email: membership@nwica.org

* As of April 2004, the Voting Membership directed the Treasurer and President/CEO to establish an annual dues schedule for NWA Local Agency Members that assess local agencies based on assigned to average monthly participation or caseload.



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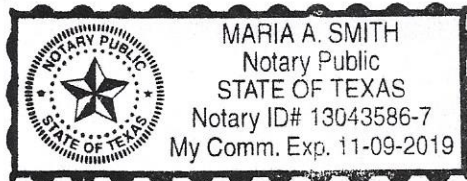
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(SEAL)



Maria A. Smith
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