

**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, Andrea Valdez, do hereby state that membership in the American College of Lifestyle Medicine, 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

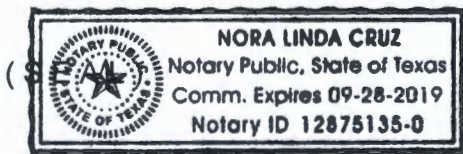
FOR STATEWIDE ASSOCIATIONS ONLY

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

SIGNATURE: Andrea Valdez
TITLE: County Extension Agent-Family & Community Health

DATE: 6/18/18

Before me Nora Linda Cruz, a Notary Public, appeared Andrea Valdez, 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

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

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Membership details

Membership level **5- Affiliate - \$99.00 (USD)**

Subscription period: 1 year

Automatic renewal (recurring payments)

Membership status **Active**

Invoice Received by:

on 6/9/18

Goods/Services Received by:

on 6/9/18

Member since 06/09/2018

Next auto renewal 06/09/2019

to 6/9/19

on

Renewal fee **\$144.00 (USD)**

, including extra charges and fees where applicable

Credit card **** 2496 [Update credit card](#)

APPROVED BY: _____

DATE: _____

Acct.# 8-1100-461-00-380-001-0-810

PO# _____

[Stop recurring payments](#)

Member ID 46100917

First Name Andrea

Last Name Valdez

e-Mail andrea.valdez@ag.tamu.edu

Phone 956-383-1026

Company/Organization Texas A&M Agrilife Extension Service

Job Title Extension Educator

Middle Initial A

Degree(s) Master's in Public Health

Degree information or Fellows designations not listed above.

ABLM Certified Diplomate

CV/Resume - I understand that a CV/Resume or a fully completed application is required

I will email to membership@lifestylemedicine.org

How did you hear about ACLM? I heard about ACLM from a professional colleague.

Description of interest and experience in Lifestyle Medicine As a community educator, I teach nutrition and health to others. I personally have experienced the power of food in treatment of my disease. I would like to have a more solid background and knowledge in nutrition and food as medicine.

New Member Application Processing Fee **Application Fee non-refundable \$25.00 (USD)**

Terms of Membership [I hereby agree to support ACLM, its bylaws, and to practice in accordance with its principles.](#)

Mailing Address (For internal use only)

Mailing Address 410 N. 13th Ave

Address Line 2 (if
needed)

Mailing City Edinburg

Mailing State/Province Texas
Please use postal
abbreviation

Mailing Zipcode 78541

Country if outside
USA

Other Phone

Fax

Practice Information

Practice Street
Address

Practice City

Practice State

Practice Zipcode

Practice Website

Practice Email

Practice Phone

Practice Fax

Practice
Description for
Public Directory

Primary
Department

Education

Grad Degree Masters in Public Health

Grad Degree Texas A&M University
Conferred By

Grad Degree Date December 2013

Medical Degree

Medical Degree
Conferred By

Medical Degree
Date

Other Degree

Other Degree
Conferred By

Other Degree
Date

Internship

Residency

Other Residency


Board
Certification 1

Board
Certification 2

Board
Certification 3

Other
Information?

Additional information

Qualifications for
Fellows  [Please Read this document carefully before applying for
Fellows \(will open new window\)](#)

Contributions to ACLM, Minimum 75 pts

1. Years of
continuous Full
ACLM
membership (min
3)

2. ACLM Founding
Member (Joined
in 2004)

3. Annual ACLM
meeting
attendance

4. Service on
ACLM Committee
or task force

5. Served as Chair
of ACLM
committee or task
force

6. Write article or
column for ACLM
publication

7. Acted as
appointed liason

or representative
for ACLM. (See
Fellows document
for description)

8. Represent
ACLM to media
covering LM
related issues or
events.

9. Other - If you
have served the
College in another
manner, please
provide a
description.

10. Write an
article or column
for ACLM-
sponsored
publication.

Total points from
above. Add
explanations as
needed.

Additional Membership Benefits

AJLM Subscription Yes \$20.00 (USD)
Added

Social network login

Facebook  Connect

Google+  Connect



Lifestyle medicine is not only safer and cheaper but can work better by treating the cause of our growing pandemic of chronic disease.

- Michael Greger, MD

AMERICAN COLLEGE OF LIFESTYLE MEDICINE

The American College of Lifestyle Medicine (ACLM) is the world's flagship professional medical association for physicians, clinicians and allied health professionals, as well as those in professions devoted to advancing the mission of lifestyle medicine.



CONTACT US

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