

**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, Jose Eduardo Guerra, do hereby state that membership in the International Assn. 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

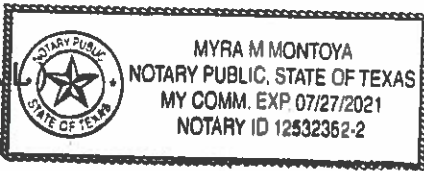
FOR STATEWIDE ASSOCIATIONS ONLY

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: 4-19-18

Before me Myra M Montoya a Notary Public, appeared Jose Eduardo Guerra, 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.

(S E A) 

Myra M Montoya
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@hidalgoso.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: _____ Invoice Received By: _____

Card #: _____ M. Montoya On: _____ Exp. Date: ____/____/____

Cardholder's Billing Address: J. Guerra On: _____

Signature: _____ -1100-421-00-280-001-0-810

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) \$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

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.

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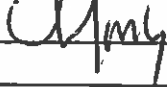
**THE STATE OF TEXAS
COUNTY OF HIDALGO**

I, Mario Lopez, do hereby state that membership in the International Assn. 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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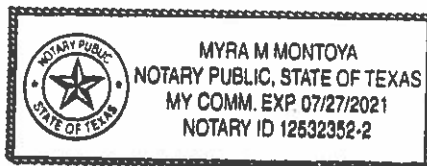
I further state that Intl. Assoc. of Chiefs of Police is a statewide association with a minimum membership of at least 25 percent of eligible political subdivisions.

SIGNATURE: 
TITLE: Chief Deputy

DATE: 4-19-18

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

(SEAL)



Myra M. Montoya
NOTARY PUBLIC IN AND FOR
THE STATE OF TEXAS

AUTHORITY TO OBTAIN AFFIDAVIT: LGC § 113.064(b)
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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@hidalgoSO.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

Cardholder's Name: _____ Invoice Received By: _____

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Cardholder's Billing Address: M. Lopez On: _____

Signature: _____ -1100-421-00-280-001-0-910

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