

**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, Norberto Leal, do hereby state that membership in the NTOA, 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**

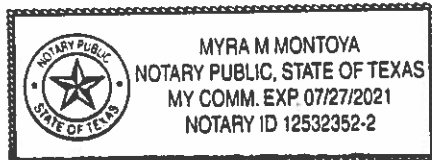
I further state that NTOA is a statewide association with a minimum membership of at least 25 percent of eligible political subdivisions.

SIGNATURE:   
TITLE: Captain

DATE: 7/24/2018

Before me Myra M. Montoya a Notary Public, appeared Norberto Leal, 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.

(SEAL)



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



# NTOA MEMBERSHIP APPLICATION

p: 800-279-9127, ext. 1 | f: 877-803-7211 | ntoa.org  
7150 Campus Drive, Suite 215, Colorado Springs, CO 80920

### PLEASE CHECK MEMBERSHIP TYPE

#### INDIVIDUAL MEMBERSHIP

- U.S. Membership.....\$40
- The Tactical Edge (Digital only).....\$25
- Canada Membership.....\$45
- Foreign Membership.....\$45  
(Digital version of The Tactical Edge)

#### TEAM MEMBERSHIP

- U.S./Canada Membership.....\$150
- Foreign Membership.....\$200  
(Digital version of The Tactical Edge)

### ID IS REQUIRED BY ALL APPLICANTS (TEAM MEMBERSHIPS ONLY REQUIRE POINT OF CONTACT ID)

Do you want to receive the latest training information and updates from NTOA?  
Include a team roster and email addresses with your application.

Home/Agency Address or Point of Contact (POC) Change?  
Update member info at ntoa.org/members (username and password required)

Applications received without proper documentation and/or incorrect payment amount will be returned.

### INDIVIDUAL APPLICANT

Send my publication to:  Home  Agency

First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_ Rank \_\_\_\_\_

Assignment  FT SWAT  PT SWAT  FT CNT  PT CNT  Corrections  Patrol  Investigations  TEMS  Bomb Tech  Other

Home Address \_\_\_\_\_ Apartment No. \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Email \_\_\_\_\_ Agency Email \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

### TEAM APPLICANT

POC First Name Norberto MI \_\_\_\_\_ Last Name Leal Rank Captain

POC Email Norberto.Leal@hidalgoso.org

Team Name HIDALGO COUNTY SWAT Team Status (check one)  Full Time  Part Time

Multi-jurisdictional?  No  Yes If yes, list other departments on team \_\_\_\_\_

No. of Tactical Members 20 No. of Negotiators 5 No. TEMS 8 No. Sworn TEMS 6 No. Bomb Technicians 0 No. of Breachers 4

Multi-Geographic Area Served \_\_\_\_\_ Multi-Jurisdictional population served \_\_\_\_\_ No. Training Hours \_\_\_\_\_

### AGENCY INFORMATION (Individual and team applicants please complete.)

Agency Name HIDALGO County Sheriff's OFFICE

Agency Address 711 El Cerrillo Rd Suite No. \_\_\_\_\_

City Edwina State TX Zip 78539

Agency Phone (956) 383-8114 Agency Fax (956) 393-6107

Population Served by Agency App. 1,000,000 No. of Sworn Officers in Agency 231

**PAYMENT INFORMATION** (Please make checks payable to NTOA. Mail application/ID to: NTOA, 7150 Campus Dr., Colorado Springs, CO 80920. If paying by credit card, fax application and ID to: 877-803-7211.)

Check Amount \$ \_\_\_\_\_ Check or Money Order Number \_\_\_\_\_ Purchase Order Number \_\_\_\_\_

Credit Card:  Visa  Mastercard  American Express Card Number \_\_\_\_\_ Exp. Date \_\_\_\_\_

(For VISA & MC - last 3 digits in signature line \_\_\_\_\_) (For AMEX: 4 digits in small print on card front \_\_\_\_\_)

Name as it appears on Credit Card \_\_\_\_\_

Credit Card Billing Address \_\_\_\_\_

Credit Card Email \_\_\_\_\_ Credit Card Phone \_\_\_\_\_

Cardholder Signature \_\_\_\_\_