



TEXAS ASSOCIATION OF LOCAL WIC DIRECTORS
ANNUAL MEMBERSHIP DUES
January 1st – December 31st, 2019

PLEASE PRINT OR TYPE

Local Agency Hidalgo County 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, 2018 for calendar year Jan. 1-Dec. 31, 2019.

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 Health and Human Services Commission (HHSC) 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.



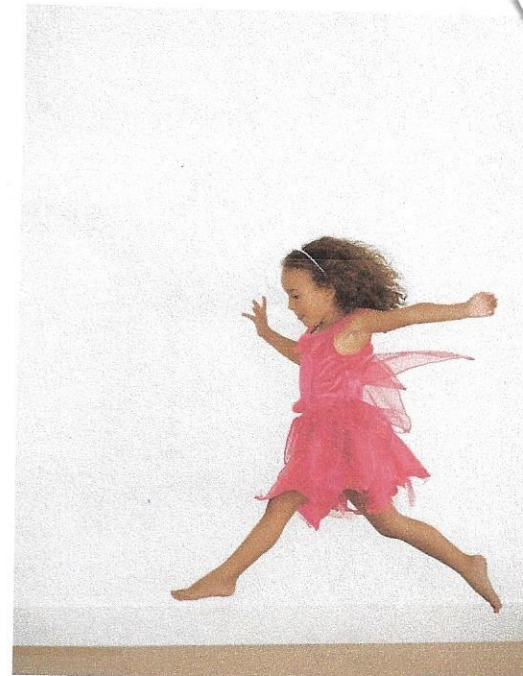
National WIC Association

Local Agency Membership Application

New Member

Renewing Member

Full Agency Name Hidalgo County WIC Program
 Primary Contact Clarissa Ramirez
 Title WIC Director Credentials _____
 Mailing Address 3105 W. University
 City Edinburg State Texas Zip Code 78539
 Work Phone (956)381-4646
 Work 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.

Caseload	Member Dues
1 - 7000	\$50
7002 - 14000	\$100
14001 - 28000	\$200
28001 - 42000	\$300
Over 42000	\$400

*Your average monthly caseload for last year (required): 57,324
 Your membership dues: _____ 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

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

Submit

