

**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, Rene Parrao, do hereby state that membership in the SHRM, Society for Human Resource Management, 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

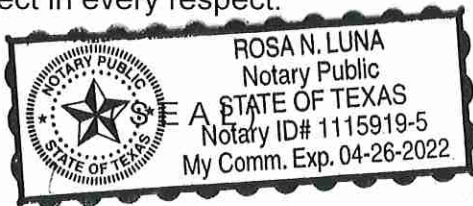
**FOR STATEWIDE ASSOCIATIONS ONLY**

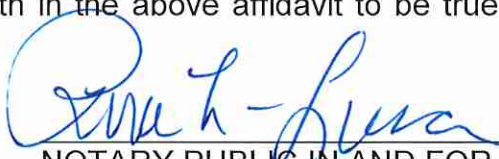
I further state that Click here to enter text. is a statewide association with a minimum membership of at least 25 percent of eligible political subdivisions.

SIGNATURE:   
TITLE: Safety Officer II

DATE: 1/2/19

Before me Rosa N. Luna, a Notary Public, appeared Rene Parrao, 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.



  
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

# RENEW TODAY

STAY CURRENT. STAY COMPLIANT. BE CONFIDENT.



Disregard this statement if payment has been sent.

**MEMBER**

Mr. Rene Parrao  
 Norma G. Garcia Hidalgo County Treasurer  
 C/O Rene Parrao  
 9805 N 10th St  
 McAllen, TX 78504-9529

## RENEW TODAY & SAVE \$20!

to renew online, visit [shrm.org/renew](http://shrm.org/renew).



| MEMBER RENEWAL NOTICE       |                                                |                                        |
|-----------------------------|------------------------------------------------|----------------------------------------|
| STATEMENT:<br>9007703050    | NOTICE DATE:<br>9/28/2018                      | REPLY BY:<br>12/31/18                  |
| SHRM MEMBER ID:<br>01865187 | MEMBERSHIP PERIOD:<br>01/01/2019 to 12/31/2019 | EMAIL:<br>rene.parrao@co.hidalgo.tx.us |

To add your email, update your address and more visit [shrm.org/memberrecord](http://shrm.org/memberrecord)

| ID       | DESCRIPTION             | CHAPTER | PERIOD                   | TOTAL    |
|----------|-------------------------|---------|--------------------------|----------|
| 01865187 | Professional Membership | -       | 01/01/2019 to 12/31/2019 | \$209.00 |

Subtotal: \$ 209.00

Special Online Promo NOTICE990: \$ -20.00

Total: \$ 189.00

To pay by wire transfer, please contact SHRM at 1.800.283.7476, opt. 3 (U.S. only) or +1.703.548.3440, opt. 3 for depository information.  
 To ensure proper payment, you will also need to fax this form to the SHRM Accounting Department at +1.703.535.6473 along with a copy of your wire transfer paperwork.  
 For U.S. taxpayers SHRM® annual dues are not deductible as charitable contributions for federal income tax purposes but may be deductible as ordinary and necessary business expenses except that, under IRC Section 162(e), 3% of the annual dues are allocable to lobbying expenses and are therefore not deductible. 09-2018-Reg Mem Renewal

**Renew your membership ONLINE with code NOTICE990 and save \$20.**  
 Please detach portion below and return to SHRM with payment.

**MEMBER RENEWAL:**



Mr. Rene Parrao  
 Norma G. Garcia Hidalgo County Treasurer  
 C/O Rene Parrao  
 9805 N 10th St  
 McAllen, TX 78504-9529

Email Address: [rene.parrao@co.hidalgo.tx.us](mailto:rene.parrao@co.hidalgo.tx.us)  
 Member ID: 01865187  
 Reply By: 12/31/18  
 SHRM - Professional Membership \$209.00  
 01/01/2019 to 12/31/2019  
 Promo Code: R180990A \$ -20.00  
**Total Due \$ 189.00**

**PAYMENT OPTIONS:**

Check Enclosed:  Company  Personal (Payable to SHRM in US\$) Check # \_\_\_\_\_  
 Credit Card Payment:  MasterCard  Visa  AMEX  
 Card #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_  
 Cardholder Name: \_\_\_\_\_ CVC: \_\_\_\_\_  
 Signature \_\_\_\_\_  
 Cardholder Daytime Phone # \_\_\_\_\_

| FOR SHRM USE ONLY      |                 |
|------------------------|-----------------|
| Date: _____            | Chapter: _____  |
| Company: _____         | Company: _____  |
| Company Phone #: _____ | Personal: _____ |

**IMPORTANT: THIS FORM WILL BE MACHINE READ. PLEASE NO STAPLES. DO NOT WRITE ON THE OCR SCANLINE BELOW.**

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