

**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, Joanne Ureste-Armijo, do hereby state that membership in the D12 Texas Assn.  
of Extension 4-H Agents (D12TAE4-HA), 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

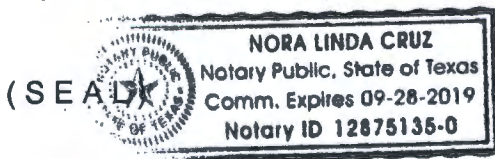
**FOR STATEWIDE ASSOCIATIONS ONLY**

I further state that D12TAE4-HA is a statewide association with a minimum membership of at least 25 percent of eligible political subdivisions.

SIGNATURE: Joanne Ureste-Armijo  
TITLE: County Extension Agent-Family & Community Health

DATE: 2/6/19

Before me Nora Linda Cruz, a Notary Public, appeared Joanne Ureste-Armijo, 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

## Nora Linda Cruz

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**From:** Joanne Ureste  
**Sent:** Monday, October 29, 2018 2:19 PM  
**To:** Nora Linda Cruz  
**Subject:** FW: Confirmation Invoice: 2019 TAE4-HA Membership Application

Below is my invoice for TAE4-H

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**From:** TAE4-HA Vice President [<mailto:john.grange@ag.tamu.edu>]  
**Sent:** Monday, October 29, 2018 2:14 PM  
**To:** Joanne Ureste  
**Subject:** Confirmation Invoice: 2019 TAE4-HA Membership Application



### 2019 TAE4-HA Membership Form

INVOICE#: 21-2016-1654

INVOICE DATE: 10/29/2018

**Name**

Mrs. Joanne Ureste-Armijo

**Job Title:**

Family Community Health County Extension Agent

**County**

Hidalgo

**Work Address**

410 N. 13th Ave.  
Edinburg, Texas 78541  
United States  
[Map It](#)

**Work Phone Number**

(956) 383-1026

**Work E-mail**

[Joanne.Ureste@ag.tamu.edu](mailto:Joanne.Ureste@ag.tamu.edu)

**What year did you first join TAE4-HA?**

2014

**Select Method of Payment**

- County Check

**Provide a COUNTY CHECK number and the amount**

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**Order**

Product	Qty	Unit Price	Price
Renewing Member 2019	1	\$100.00	\$100.00
District 12 (\$20)	1	\$20.00	\$20.00
Not joining 4-H Friends and Alumni at this time	1	\$0.00	\$0.00
<b>Total:</b>			<b>\$120.00</b>

Make check payable to: TAE4-HA, District 12 (\$20)

Send checks/payment directly to your District Membership Chair, Luis Saldana.

2401 E. Highway 83  
Weslaco, Texas 78596