



International Right of Way Association (US)
PO BOX 51716
Los Angeles, CA 90051-6016

Customer #: 7895584

Invoice

Invoice #: 511475
Invoice Date: 09/19/2019

P2 ADMIN
2019 DEC 2 PM12:04

Mr. Jaime Salinas
Hidalgo County Right of Way Depart.
300 W. Hall Acres Suite G
Pharr, TX 78577

Description	Quantity	Price	Discount	Amount
Contribution to the RWIEF	1	\$20.00	\$0.00	\$20.00
Regular Member Renewal - US	1	\$225.00	\$0.00	\$225.00

INVOICE RECEIVED BY: [Signature] ON 12/2/19
GOODS/SERVICES RECEIVED BY: _____ ON _____

Thank you for supporting the Education Foundation with your \$20 contribution. Each and every dollar is used for funding IRWA educational courses and professional development programs. (If you wish to contribute more, please add that amount to the Total Due at the bottom and include it in your Amount Remitted. If you elect not to contribute, simply subtract it from the Total Due.)

If you have already paid your 2020 dues, we thank you! (Please disregard this notice.)

Invoice Total	\$245.00
Amount Paid	\$0.00
PLEASE PAY	\$245.00

PLEASE DETACH AND REMIT WITH YOUR PAYMENT

Customer #: 7895584

Invoice #: 511475

Mr. Jaime Salinas
Hidalgo County Right of Way Depart.
300 W. Hall Acres Suite G
Pharr, TX 78577

Remit Payment To:

Select Payment Method	
<input type="checkbox"/>	Check Enclosed
Card Provider _____	Exp Date ____/____
Card # _____	
Card Holder's Name _____	
Card Holder's Signature _____	

International Right of Way Association (US)

PO BOX 51716, Los Angeles, CA 90051-6016

Total Due: **\$245.00**

Amount Remitted : _____

Dues are not deductible as a charitable contribution. Payment of membership dues may be tax deductible as an ordinary and necessary business expense. Consult your tax advisor.

DUPLICATE

[Faint handwritten notes]

[Faint text at the bottom of the page]

**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, Jaime Salinas, do hereby state that membership in the IRWA, 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

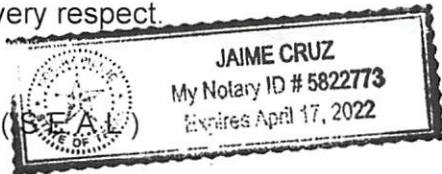
FOR STATEWIDE ASSOCIATIONS ONLY

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

SIGNATURE: *Jaime Salinas*
TITLE: ROW Agent

DATE: 1-14-2020

Before me Jaime Cruz, a Notary Public, appeared Jaime Salinas, 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.



Jaime 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



Customer #: 7902454

International Right of Way Association (US)
 PO BOX 51716
 Los Angeles, CA 90051-6016

Invoice

Invoice #: 505760
 Invoice Date: 09/19/2019

Mr. Jaime Cruz
 Hidalgo County Precinct 2
 300 West Hall Acres Road, Ste.G
 Pharr, TX 78577

Description	Quantity	Price	Discount	Amount
Contribution to the RWIEF	1	\$20.00	\$0.00	\$20.00
Regular Member Renewal - US	1	\$225.00	\$0.00	\$225.00

P2 ADMIN
 2019 SEP 30 AM 11:38

INVOICE RECEIVED BY: Elizabeth Almy ON 9/30/19
 GOODS/SERVICES RECEIVED BY: _____ ON _____

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Amount Paid	\$0.00
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PLEASE DETACH AND REMIT WITH YOUR PAYMENT

Customer #: 7902454

Invoice #: 505760

Mr. Jaime Cruz
 Hidalgo County Precinct 2
 300 West Hall Acres Road, Ste.G
 Pharr, TX 78577

Remit Payment To:

Select Payment Method	
<input type="checkbox"/>	Check Enclosed
Card Provider _____	Exp Date ____ / ____
Card # _____	
Card Holder's Name _____	
Card Holder's Signature _____	

International Right of Way Association (US)

PO BOX 51716, Los Angeles, CA 90051-6016

Total Due: **\$245.00**

Amount Remitted : _____

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DA 9/30/19

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TITLE: ROW Agent

DATE: 1-14-2020

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Jaime Salinas
NOTARY PUBLIC IN AND FOR
THE STATE OF TEXAS

AUTHORITY TO OBTAIN AFFIDAVIT: LGC § 113.064(b)
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