

**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 Texas Extension Association Family & Consumer Sciences, 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

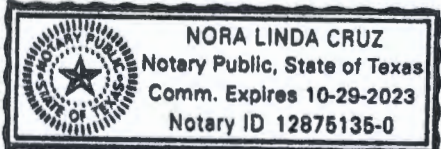
I further state that Texas Extension Assn-Family & Consumer Sciences is a statewide association with a minimum membership of at least 25 percent of eligible political subdivisions.

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

DATE: 10/30/2020

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.

(SEAL)



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

Invoice

Texas Extension Association Family & Consumer Sciences

Texas AgriLife Extension Service

Phone 830-569-0034 Fax 830-569-8997

Dru.benavides@ag.tamu.edu

INVOICE # 1026
DATE: OCTOBER 29TH, 2019

TO Texas A&M AgriLife Extension Service-Hidalgo County
Attn: Joanne Ureste-Armijo
410 N. 13th Ave.,
Edinburg TX 78541

TREASURER	JOB	PAYMENT TERMS	DUE DATE
Dru Benavides, CEA-FCH	District 12 Treasurer	Due on receipt	January 31, 2020

DESCRIPTION	LINE TOTAL
District 12 Texas Extension Association Family & Consumer Sciences Annual Dues	150.00
<p>Invoice Received by: <u>Mara Rinda Cruz</u> on <u>10/29/2020</u> Goods/ Services Received by: <u>Joanne Ureste-Armijo</u> on <u>January 1, 2021</u> through <u>December 31, 2021</u></p>	

Please make all checks payable to District 12 TEAFCS
Payment is due by December 1, 2020

THANK YOU FOR YOUR BUSINESS!



Active/Affiliate Membership Application & Renewal Form

This is a: Membership Renewal New Member Application

Date: 10/29/2020

Instructions

Please print or type. If you are joining/renewing as an Active member, please submit this form to your state/territory treasurer with your payment of \$100 for national dues and appropriate state/territory dues. If you are joining as an Affiliate member, please submit this form with your \$100 national dues directly to NEAFCS, 325 John Knox Rd. Suite L103 Tallahassee, FL 32303.

Category (choose one)

Active Membership—To qualify, you must meet the membership qualifications of your state/territory affiliate AND have at least a bachelor's degree and currently be working in Extension in any capacity with family and consumer sciences or home economics programming.

Affiliated Membership—To qualify, you must meet all of the qualifications of Active membership EXCEPT you do not meet the membership qualifications of your state/territory affiliate or there is no state/territory affiliate for you to join.

Joanne		Ureste-Armijo		
First Name	Middle Name	Last Name		
Family & Community Health CEA	Texas A&M AgriLife Extension-Hidalgo			
Job Title	Employer			
410 N. 13 th Ave	Edinburg	TX	78541	
Work Mailing Address	City	State/Territory	Zip	
Work Physical Address (if different from work mailing address)	City	State/Territory	Zip	
1931 Evaristo Ln.	Edinburg	TX	78541	
Home Address	City	State/Territory	Zip	
Joanne.Ureste@ag.tamu.edu	Joanneu29@yahoo.com			
Work Email Address	Home Email Address			
956-383-1026				
Work Phone/Extension	Work Fax	Home Phone		

If you work in a county extension office, in which county is the above office located: Hidalgo

Send mail to my (check one): Work Address Home Address Are you a former member of NEAFCS? Yes No

If you are a former member, please provide the name under which the membership was listed, years of membership and corresponding state/territory:

Please check the ONE box that BEST describes YOUR ROLE IN EXTENSION:

Extension Agent Extension Specialist County Director State Program Leader State Extension Administrator

Please check the ONE box that BEST describes your AREA OF GREATEST EXPERTISE:

<input type="checkbox"/> Nutrition	<input type="checkbox"/> Parenting Education	<input type="checkbox"/> Community Development	<input type="checkbox"/> Aging
<input type="checkbox"/> Food Safety	<input type="checkbox"/> Child Development	<input type="checkbox"/> Administration	<input type="checkbox"/> Health
<input type="checkbox"/> Financial Management	<input type="checkbox"/> Housing	<input type="checkbox"/> 4-H Youth Development	
<input type="checkbox"/> Human Development	<input checked="" type="checkbox"/> Clothing/Textiles	<input type="checkbox"/> Other: _____	

Please indicate UP TO 3 (three) MAJOR AREAS OF PROGRAMMING for which you have responsibility:

<input type="checkbox"/> Nutrition	<input checked="" type="checkbox"/> Parenting Education	<input type="checkbox"/> Community Development	<input type="checkbox"/> Aging
<input type="checkbox"/> Food Safety	<input type="checkbox"/> Child Development	<input type="checkbox"/> Administration	<input checked="" type="checkbox"/> Health
<input type="checkbox"/> Financial Management	<input type="checkbox"/> Housing	<input type="checkbox"/> 4-H Youth Development	
<input type="checkbox"/> Human Development	<input checked="" type="checkbox"/> Clothing/Textiles	<input type="checkbox"/> Other: _____	

For Active membership status, submit this form directly to your State Affiliate Treasurer.
If joining as Affiliate member (see qualifications above), send your form directly to:
NEAFCS National Office, 325 John Knox Rd, Suite L-103, Tallahassee, FL 32303

**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, Andrea Valdez, do hereby state that membership in the Texas Extension Association Family & Consumer Sciences, 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:
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FOR STATEWIDE ASSOCIATIONS ONLY

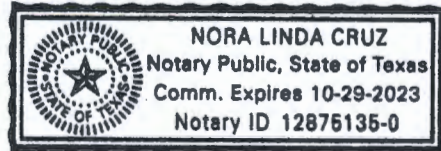
I further state that Texas Extension Assn. Family & Consumer Sciences is a statewide association with a minimum membership of at least 25 percent of eligible political subdivisions.

SIGNATURE: Andrea Valdez
TITLE: Hidalgo County Extension Agent-Family & Community Health

DATE: 11/27/2020

Before me Nora Linda Cruz, a Notary Public, appeared Andrea Valdez, and on his/her oath depose and stated that the facts as set forth in the above affidavit to be true and correct in every respect.

(SEAL)



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

Invoice

Texas Extension Association Family & Consumer Sciences

Texas AgriLife Extension Service

Phone 830-569-0034 Fax 830-569-8997
Dru.benavides@ag.tamu.edu

INVOICE # 1027
DATE: OCTOBER 29TH, 2019

TO Texas A&M AgriLife Extension Service-Hidalgo County
Attn: Andrea Valdez
410 N. 13th Ave.,
Edinburg TX 78541

TREASURER	JOB	PAYMENT TERMS	DUE DATE
Dru Benavides, CEA-FCH	District 12 Treasurer	Due on receipt	January 31, 2020

DESCRIPTION	LINE TOTAL
District 12 Texas Extension Association Family & Consumer Sciences Annual Dues	150.00
<p>Invoice Received by: <u>Maria Linda Cruz</u> on <u>10/29/2019</u></p> <p>Goods/Services Received by: <u>Andree Ray</u> on <u>January 1, 2021</u> through <u>December 31, 2021</u></p>	

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Affiliated Membership—To qualify, you must meet all of the qualifications of Active membership EXCEPT you do not meet the membership qualifications of your state/territory affiliate or there is no state/territory affiliate for you to join.

Andrea Valdez
First Name Middle Name Last Name

County Extension Agent -Family & Community Health Texas A&M AgriLife Extension Service
Job Title Employer

410 North 13th Avenue Edinburg Texas 78541
Work Mailing Address City State/Territory Zip

Same
Work Physical Address (if different from work mailing address) City State/Territory Zip

Home Address City State/Territory Zip

Andrea.valdez@ag.tamu.edu
Work Email Address Home Email Address

(956) 383-1026 (956) 383-1735
Work Phone/Extension Work Fax Home Phone

If you work in a county extension office, in which county is the above office located: Edinburg

Send mail to my (check one): Work Address Home Address Are you a former member of NEAFCS? Yes No

If you are a former member, please provide the name under which the membership was listed, years of membership and corresponding state/territory:

Andrea Valdez, 6 years, Texas

Please check the ONE box that BEST describes YOUR ROLE IN EXTENSION:

Extension Agent Extension Specialist County Director State Program Leader State Extension Administrator

Please check the ONE box that BEST describes your AREA OF GREATEST EXPERTISE:

Nutrition Parenting Education Community Development Aging
 Food Safety Child Development Administration Health
 Financial Management Housing 4-H Youth Development
 Human Development Clothing/Textiles Other: _____

Please indicate UP TO 3 (three) MAJOR AREAS OF PROGRAMMING for which you have responsibility:

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