

**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, Juan Gomez, do hereby state that membership in the National Narcotic Detector Dog Assoc., 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**

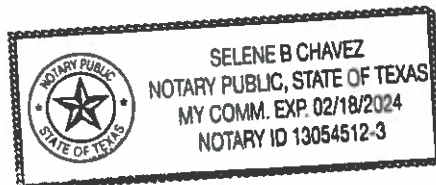
I further state that NNDDA is a statewide association with a minimum membership of at least 25 percent of eligible political subdivisions.

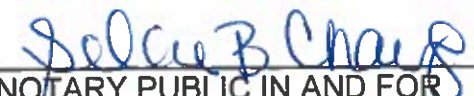
SIGNATURE:   
TITLE: Deputy Sheriff

DATE: 11/06/20

Before me Selene B. Chavez, a Notary Public, appeared Juan Gomez, 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)



  
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



# THE NATIONAL NARCOTIC DETECTOR DOG ASSOCIATION, INC.

## MEMBERSHIP APPLICATION AND RECEIPT

MEMBERSHIP \$55     RENEWAL \$55     RETIRED MEMBER \$30

NAME : (LAST) Gomez (FIRST) Juan (M.I.) \_\_\_\_\_

ADDRESS : 711 El Cibolo Rd CITY : \_\_\_\_\_

STATE : Texas ZIP : 78539 EMAIL : juan.gomez@hidalgo.org

DATE OF BIRTH \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ SSN #: LAST 4 ONLY/ \_\_\_\_\_

CELL phone number: (\_\_\_\_) - \_\_\_\_ - \_\_\_\_ SECONDARY phone number: (\_\_\_\_) - \_\_\_\_ - \_\_\_\_

AGENCY : \_\_\_\_\_ ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE : \_\_\_\_\_ ZIP : \_\_\_\_\_

MY SIGNATURE BELOW CERTIFIES THAT THE ABOVE STATEMENT ARE TRUE AND CORRECT:

APPLICANT'S SIGNATURE : \_\_\_\_\_ DATE : \_\_\_\_\_

NAME DEATH BENEFICIARY (and relationship) \_\_\_\_\_

----- Certifying Official Use Only Below This Line -----

### SELECT MEMBERSHIP TYPE

Active member dues \$55.00 annually, shall be full time paid law enforcement officer, corrections officer local, state or federal including reserve or part time police officer, military, school police.  
Non-Law enforcement member dues \$55.00 annually, licensed private security corporation or employee. Check bi laws to see if you qualify.  
Retired NNDDA member, not working a dog, in good standing with the NNDDA when retiring, \$30.00 annually.

TYPE OF PAYMENT: CHECK # \_\_\_\_\_ CASH \_\_\_\_\_ P. O. # \_\_\_\_\_ OTHER \_\_\_\_\_

CERTIFYING IN: Narcotics \_\_\_\_\_ PS Dog \_\_\_\_\_ Utility \_\_\_\_\_ Explosives \_\_\_\_\_ Cadaver \_\_\_\_\_

MEMBERSHIP FEES: \_\_\_\_\_ ADDITIONAL FEES: \_\_\_\_\_

REMARKS ADDED INFO: \_\_\_\_\_

TOTAL : \_\_\_\_\_ Collected BY: \_\_\_\_\_ C/O # \_\_\_\_\_

Mail completed form and payment to:  
Ronnie LaGrone, Treasurer 379 CR 105, Carthage, TX 75633  
Make checks payable to: NNDDA