



NATOA 2021 MEMBERSHIP APPLICATION

Please provide the following information: Primary Member

Name: Richard F. Cortez Title: County Judge
 Agency/Company: Hidalgo County
 Address: 100 E. Cano, 2nd Floor
 City: Edinburg State: Texas Zip: 78539
 Phone: 956-318-2600 Email: countyjudge@co.hidalgo.tx.us

Please provide the following information for your government:

Population: 868,707 Subscriber Base: _____
 Cable Operator(s): _____ Franchise Expiration (Mo/Yr): _____
 Telecommunications Providers: _____
 PEG Channels: P ___ E ___ G ___ Does your community have an INET? _____

Agency Members — Please list up to two additional members and include contact information.

1st Additional: Daniel Salinas, IT Director - daniel.salinas@co.hidalgo.tx.us

2nd Additional: Carlos Sanchez, Public Affairs Director - carlos.sanchez@co.hidalgo.tx.us

\$100 Per Person Cost for Additional Benefits. List names for which additional benefits are being sought:

All memberships expire December 31, 2021. The Dues amount is required. The Assessment is optional and helps fund NATOA's legislative efforts.

Membership Type	Dues	Assessment	Membership Type	Dues	Assessment
Agency with Population:					
<input type="checkbox"/> 0 - 25,000	\$680	\$375	<input type="checkbox"/> Individual	\$630	\$190
<input type="checkbox"/> 25,001 - 50,000	\$830	\$565	<input type="checkbox"/> Associate Non Profit	\$590	\$190
<input type="checkbox"/> 50,001 - 250,000	\$1,250	\$940	<input type="checkbox"/> Associate For Profit	\$1,460	\$565
<input checked="" type="checkbox"/> 250,001 - 1,000,000	\$1,405	\$1,425	<input type="checkbox"/> Student	\$30	
<input type="checkbox"/> 1,000,000 +	\$1,570	\$1,500			

Payment Information: Membership Type: Agency

Dues Amount: \$ 702.50 Annual Assessment Amount: \$ _____ Amount Enclosed \$ 702.50

- Check: Mail checks to NATOA, PO Box 45792, Baltimore, MD 21297-5792
- Credit Card (Visa, MC, AmEx) Email to info@natoa.org, Fax to (703) 997-7080 or mail to 3213 Duke Street, Suite 695, Alexandria, VA 22314

Card No. _____ Exp. Date _____

Name on Card _____ CCV Code _____

Signature of Cardholder _____