

**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, Norbert Leal, do hereby state that membership in the Texas Tactical Police Officers Association, 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

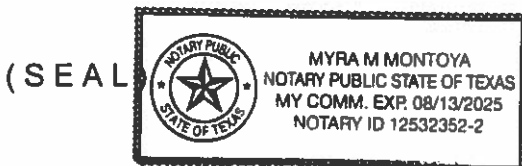
**FOR STATEWIDE ASSOCIATIONS ONLY**

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

SIGNATURE:   
TITLE: Captain

DATE: 2/4/22

Before me Myra M. Montoya, a Notary Public, appeared Norbert Leal, 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.



  
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



- [About](#)
  - [Mission Statement](#)
  - [Join The TTPOA](#)
  - [Executive Board](#)
  - [Regional Directors](#)
  - [Coordinators](#)
  - [Training Advisory Board](#)
  - [Excellence Award](#)
  - [Les Early Scholarship](#)
  - [Privacy Policy](#)
- [Training](#)
- [COMMAND](#)
- [COMPETITION](#)
  - [Competition - Results](#)
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Membership Dues  
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Membership Dues

**Join or renew today!** Simply fill out the form below. Once we process your dues, you will enjoy full access to the Online Member Community. Thank you for your support!

If you are signing up for the first time, this is the last step of your registration.

### Membership Information

Team Membership (USA) — \$200.00

Group Type / Name	Group Membership Annual Dues	Join / Renew	*Amount Due
<b>Regions</b>			
Region 3		Required	
Region 1		<input type="checkbox"/>	
Region 2		<input type="checkbox"/>	
Region 4		<input type="checkbox"/>	
Region 5		<input type="checkbox"/>	
Region 6		<input type="checkbox"/>	
Region 7		<input type="checkbox"/>	
Region 8		<input type="checkbox"/>	
Outside of Texas - USA		<input type="checkbox"/>	
International - Non USA		<input type="checkbox"/>	

**\*Amount Due is based on the duration of your membership**

### Member Information

**First Name** Norberto  
**Last Name** Leal  
**Suffix** III  
**Primary Group** Regions: Region 3  
**Email Address** norberto.leal@hidalgoso.org  
**Organization** Hidalgo County Sheriff's Office  
**Address** 711 El Cibolo Rd  
**City/Town** Edinburg  
**Country** United States  
**State** Texas  
**Postal Code** 78501  
**Phone** (956) 383-8114

Check here if the billing address is the same as the member address

### Billing Information

**Organization**  
**Address\***  
**Address Cont.**  
**City/Town\***  
**Country\***  
**Location\***  
**Postal Code\***  
**Phone\***  
**PO Number**


### Additional Comments

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### Payment Information

**Payment Amount** \$200.00  
**Payment Type\***  Check/Money Order

Credit Card

**Name on Card\*** Norberto Leal

**Card Type\***

**Card Number\***

**Card CVV Num\***

**Exp. Month/Year\***

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(MM/YYYY)

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