

**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, Mario Lopez, do hereby state that membership in the Texas Chief Deputies 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

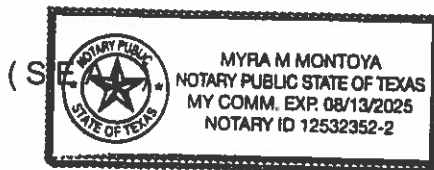
FOR STATEWIDE ASSOCIATIONS ONLY

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

SIGNATURE: 
TITLE: Chief Deputy

DATE: 4/13/2022

Before me Myra M. Montoya, a Notary Public, appeared Mario Lopez, 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.




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

PLC: a0052s
Agency: Texas Chief Deputies Association
For: Membership Dues
Phone: 512-348-1739
Address: 5815 82nd Suite 145, Box 125
Lubbock, Texas 79424

*Required Field

Payment Information

*Name:

Middle:

*Last:

*Membership Type:

New

Renewing

*Member Type:

Active Member

Associate Member

Sustaining Member

*Date of Birth:

(Month / Day / Year)

*PID/TCOLE:

*Agency/Department:

*County:

*Title:

*Address:

*City:

*State:

*Zip:

*Phone:

(### - ### - #####)

Fax:

(### - ### - #####)

*Email:

Recommended By (if Associate Member):

*I certify to the best of my knowledge, the information reported above is complete and correct:

Yes

MEMBERSHIP DUES ARE \$24.00 ANNUALLY

If you are attending the conference, your membership fee is included in your registration fee.

QUESTIONS? Contact TCDA at tcda1986@gmail.com

Payment Amount



Payment Amount :

24.00

Subtotal: \$24.00

Total: \$24.00

Billing Information

*First Name:

First Name

Middle Initial:

Middle

*Last Name:

Last Name

*Billing Address:

Street Address 1

Street Address 2

*City:

City

*State/Province:

State... 

*Zip:

Zip



*Country:

Country... 

*Phone Number:

*Credit/Debit Card:

Card Number

(enter the full card number without any dashes or spaces)

*Expiration Date:

Month

/

Year

*Card Security Number:

Code



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PLC: a0053s
Agency: Texas Chief Deputies Association
For: Attendee Registration
Phone: 512-348-1739
Address: 5815 82nd Suite 145, Box 125
Lubbock, Texas 79424

*Required Field

Payment Information



*Registration Type (Choose all that apply):

- TCDA Board Member
- TCDA Member
- New Chief
- First Time Attendee

NOTE: Your \$250.00 payment includes yearly membership fee

*Attendee Name:

First Name

Middle:

Middle

*Last:

Last Name

*Will a Spouse be joining you?:

- Yes
- No

*How many children will be accompanying you?:

*Title:

*Sheriff Office/Business name:

*County:

*Address:

Street Address 1

Street Address 2

*City:

City

*State:

State...

*Zip:

Zip

*Phone:

Area C

Next 3

Last 4

(### - ### - ####)

*Email:

*Date of Birth:

Month

Day

Year

(Month / Day / Year)

*I certify to the best of my knowledge, the information reported above is complete and correct:

Yes

Participants who attend all training sessions are eligible for up to 23 hours of TCOLE credit.

QUESTIONS? Contact TCDA at tcda1986@gmail.com

Payment Amount

Payment Amount :

250.00

Subtotal: \$250.00

Total: \$250.00

Billing Information



*First Name:

Middle Initial:

*Last Name:

*Billing Address:

*City:

*State/Province:



*Zip:



*Country:



*Phone Number:

*Credit/Debit Card:

(enter the full card number without any dashes or spaces)

*Expiration Date:

/

*Card Security Number:

Code



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