



Texas Jail Association

MEMBERSHIP APPLICATION

APPLICANT INFORMATION

Full Name: Steve Herrera
Title: Chief
Agency/Organization: Hidalgo County Sheriff's office
Agency Address: 711 El Cidalo Rd.
City: Edinburg State: TX Zip: 78541
Business Phone: 956 395-8114 Fax: _____
Cell: 956-289-0452 PID Number: 52753
Applicant Email: Steve.herrera@hidalgo50.org

Please note: This email address is TJA's primary way to contact members to send out information about membership status, discount codes, conference registration and voting information. To ensure that every member receives information, it is very important that this email is one the applicant has access to and not a general agency or accountant email address.

MEMBERSHIP TYPE (CHOOSE ONE)

- Professional Member — \$30
- Associate Member — \$30
- Affiliate Member — \$50
- Business Member — \$100
- Lifetime Member — \$300

PAYMENT METHOD

- Check
- Purchase Order
- Credit Card

Name on Credit Card (if applicable): _____

Please note: DO NOT enter card number

APPLICATION CERTIFICATION

Applicant Signature: [Signature]

- I am filling this application on behalf of the applicant

Proxy Name: _____ Proxy Phone: _____

Send application form and payment (if by check) to:
Texas Jail Association, Attn: Sharon Hurst, Box 2296, Sam Houston State University, Huntsville, Texas 77341-2296

You may apply & pay membership dues online at www.texasjailassociation.com



Texas Jail Association

MEMBERSHIP APPLICATION

APPLICANT INFORMATION

Full Name: Gilberto Gomez

Title: Lieutenant

Agency/Organization: Hidalgo County Sheriff's Office Detention Division

Agency Address: 701 E. EL PASO RD

City: EDINBURG State: TX Zip: 78542

Business Phone: (956) 383-8114 Fax: _____

Cell: (956) 207-0894 PID Number: 307866

Applicant Email: Gilberto.gomez@hidalgoso.org ggomez3850620@gmail.com

Please note: This email address is TJA's primary way to contact members to send out information about membership status, discount codes, conference registration and voting information. To ensure that every member receives information, it is very important that this email is one the applicant has access to and not a general agency or accountant email address.

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PAYMENT METHOD

- Check
- Purchase Order
- Credit Card

Name on Credit Card (if applicable): _____

Please note: DO NOT enter card number

APPLICATION CERTIFICATION

Applicant Signature: 

I am filling this application on behalf of the applicant

Proxy Name: _____ Proxy Phone: _____

Send application form and payment (if by check) to:
Texas Jail Association, Attn: Shoresa Hurst, Box 2296, Sam Houston State University, Huntsville, Texas 77341-2296

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Texas Jail Association

MEMBERSHIP APPLICATION

APPLICANT INFORMATION

Full Name: Sandra Villa

Title: Lieutenant

Agency/Organization: Hidalgo County Sheriff's Office Detention Division

Agency Address: 701 E. El Cibolo Rd.

City: Edinburg State: TX Zip: 78541

Business Phone: 956 383 8114 Fax: _____

Cell: 956-207-0638 PID Number: _____

Applicant Email: SVilla2339@gmail.com

Please note: This email address is TJA's primary way to contact members to send out information about membership status, discount codes, conference registration and voting information. To ensure that every member receives information, it is very important that this email is one the applicant has access to and not a general agency or accountant email address.

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PAYMENT METHOD

Check Purchase Order Credit Card

Name on Credit Card (if applicable): _____

Please note: DO NOT enter card number

APPLICATION CERTIFICATION

Applicant Signature: Sandra Villa

I am filling this application on behalf of the applicant

Proxy Name: _____ Proxy Phone: _____

Send application form and payment (if by check) to:
Texas Jail Association, Attn: Sheree Hurst, Box 2296, San Houston State University, Huntsville, Texas 77341-2296

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Texas Jail Association

MEMBERSHIP APPLICATION

APPLICANT INFORMATION

Full Name: Miguel Angel Garza
 Title: Detention Lieutenant
 Agency/Organization: HCSO Adult Detention Center
 Agency Address: 701 E. El Cibola Rd.
 City: Edinburg State: Tx Zip: 78538
 Business Phone: 956 381-7917 Fax: _____
 Cell: 929-2822 / 457-8535 PID Number: 294499
 Applicant Email: miguel.garza@hidalgoso.org

Please note: This email address is TJA's primary way to contact members to send out information about membership status, discount codes, conference registration and voting information. To ensure that every member receives information, it is very important that this email is one the applicant has access to and not a general agency or accountant email address.

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- Business Member — \$100
- Lifetime Member — \$300

PAYMENT METHOD

- Check
- Purchase Order
- Credit Card

Name on Credit Card (if applicable): _____

Please note: DO NOT enter card number

APPLICATION CERTIFICATION

Applicant Signature: Miguel Angel Garza

I am filling this application on behalf of the applicant

Proxy Name: _____ Proxy Phone: _____

Send application form and payment (if by check) to:
 Texas Jail Association, Attn Sharon Hurst, Box 2296, San Houston State University, Huntsville, Texas 77341-2296

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Texas Jail Association

MEMBERSHIP APPLICATION

APPLICANT INFORMATION

Full Name: Onaida D. Salinas
 Title: 1st Lieutenant
 Agency/Organization: Atiso - Detention
 Agency Address: 701 G. E. Edwards Rd
 City: Edinburg State: TX Zip: 78541
 Business Phone: (956) 381-7915 Fax: N/A
 Cell: (956) 212-3413 PID Number: 23929
 Applicant Email: Onaida.salinas@hidalgoso.org

Please note: This email address is TJA's primary way to contact members to send out information about membership status, discount codes, conference registration and voting information. To ensure that every member receives information, it is very important that this email is one the applicant has access to and not a general agency or accountant email address.

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- Lifetime Member — \$300

PAYMENT METHOD

- Check
- Purchase Order
- Credit Card

Name on Credit Card (if applicable): _____
Please note: DO NOT enter card number

APPLICATION CERTIFICATION

Applicant Signature: Onaida D. Salinas
 I am filling this application on behalf of the applicant
 Proxy Name: _____ Proxy Phone: _____

Send application form and payment (if by check) to:
 Texas Jail Association, Attn: Sharese Hurst, Box 2296, Sam Houston State University, Huntsville, Texas 77341-2296

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