

**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, Armando Pena, 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

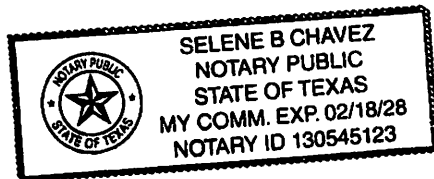
I further state that NNDDA is a statewide association with a minimum membership of at least 25 percent of eligible political subdivisions.

SIGNATURE: Armando Pena
TITLE: Deputy Sheriff

DATE: 10/11/24

Before me Selene B. Chavez, a Notary Public, appeared Armando Pena, 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)



Selene B Chavez
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

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I, Juan Moreno, 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:

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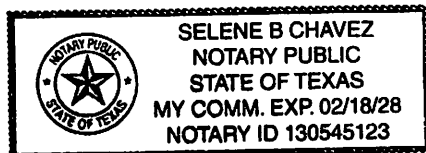
I further state that NNDDA is a statewide association with a minimum membership of at least 25 percent of eligible political subdivisions.

SIGNATURE: Juan Moreno
TITLE: Deputy Sheriff

DATE: 10/11/24

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



Selene B Chavez
NOTARY PUBLIC IN AND FOR
THE STATE OF TEXAS

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I, Juan Flores, 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:

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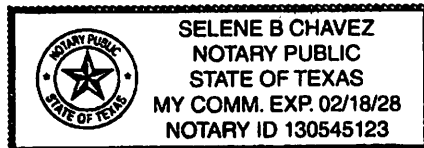
I further state that NNDDA is a statewide association with a minimum membership of at least 25 percent of eligible political subdivisions.

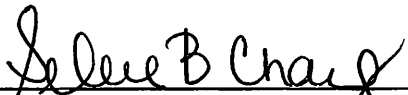
SIGNATURE: 
TITLE: Deputy Sheriff

DATE: 10/11/24

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

(S E A L)




NOTARY PUBLIC IN AND FOR
THE STATE OF TEXAS

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I, Jaime Garcia, 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:

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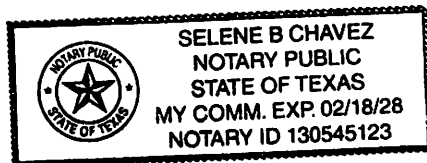
I further state that NNDDA is a statewide association with a minimum membership of at least 25 percent of eligible political subdivisions.

SIGNATURE: *Jaime Garcia*
TITLE: Deputy Sheriff

DATE: 10/11/24

Before me Selene B. Chavez, a Notary Public, appeared Jaime Garcia, 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.

(SEAL)



Selene B Chavez
NOTARY PUBLIC IN AND FOR
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I, Isidro Perez, 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:

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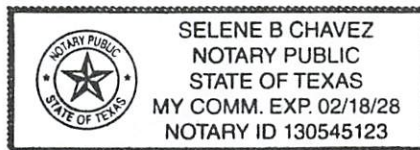
I further state that NNDDA is a statewide association with a minimum membership of at least 25 percent of eligible political subdivisions.

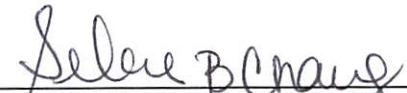
SIGNATURE: 
TITLE: Deputy Sheriff

DATE: 10/11/24

Before me Selene B. Chavez, a Notary Public, appeared Isidro Perez, 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.

(S E A L)




NOTARY PUBLIC IN AND FOR
THE STATE OF TEXAS

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I, Ruben Gallegos, 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:

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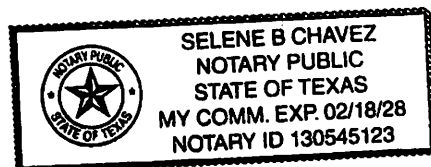
I further state that NNDDA is a statewide association with a minimum membership of at least 25 percent of eligible political subdivisions.

SIGNATURE: *Ruben Gallegos* 4785
TITLE: Deputy Sheriff

DATE: 10/11/24

Before me Selene B. Chavez, a Notary Public, appeared Ruben Gallegos, 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)



Selene B Chavez
NOTARY PUBLIC IN AND FOR
THE STATE OF TEXAS

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I, Edward Garza, 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:

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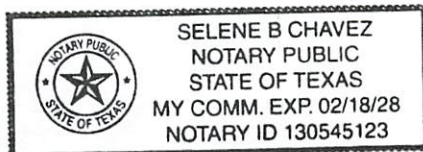
I further state that NNDDA is a statewide association with a minimum membership of at least 25 percent of eligible political subdivisions.


SIGNATURE: 
TITLE: Deputy Sheriff

DATE: 10/11/24

Before me Selene B. Chavez, a Notary Public, appeared Edward Garza, 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.

(S E A L)




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THE NATIONAL NARCOTIC DETECTOR DOG ASSOCIATION, INC.

Membership Application, Narcotics Certification, Receipt Revised 1/2024

Must have proof of membership paid and registration to give to certifying official.

<https://nndda.org> FEE: \$55.00 NEW _____ RENEWAL _____ RETIRED _____

NAME : (LAST) _____ (FIRST) _____ (M.I.) _____

ADDRESS : _____ CITY : _____

STATE : _____ ZIP : _____ EMAIL : _____

DATE OF BIRTH ____/____/____ SSN #: LAST 4 ONLY/ _____

CELL phone number: (____)-____-____ Canine Name _____

AGENCY : _____ ADDRESS: _____

CITY: _____ STATE : _____ ZIP : _____

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

APPLICANT'S SIGNATURE : _____ DATE : _____

NAME OF DEATH BENEFICIARY (and relationship) _____

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

(Attention, Certifying Official, IF Regular Application has been filled out, Fill Only Grey Area Above)

MARIJUANA Pass ____ Fail ____ OTHER _____ Pass ____ Fail ____

COCAINE Pass ____ Fail ____ OTHER _____ Pass ____ Fail ____

HEROIN Pass ____ Fail ____ NA _____

METHAMPHETAMINE Pass ____ Fail ____ NA _____

NEGATIVE RESPONSES

CERTIFICATION BOOK NUMBER _____ Remarks _____

PASS ____ FAIL ____ NNDDA _____ Dept. _____ State _____ FED. _____

Certifying Official(s) _____ CO Number(s) _____

TYPE OF PAYMENT: CHECK # _____ CASH ____ P. O. # _____ OTHER _____

MEMBERSHIP FEES: _____ REMARKS ADDED INFO: _____

If Already Member, Last Date Paid _____ How was membership paid _____

FEES COLLECTED BY _____ C/O Number _____

FUNDS and EXCEL Sheet to:
Ronnie LaGrone, National Treasurer
P.O. Box 379 CR 105
Carthage, TX. 75633

PAPERWORK and EXCEL Sheet to:
Rhonda Low, NNDDA Secretary
P. O. Box 546
Moulton, TX. 77975