

**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

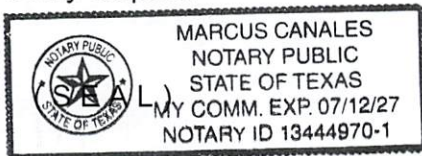
FOR STATEWIDE ASSOCIATIONS ONLY

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: 9/4/2025

Before me Marcus Canales, 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.



Marcus Canales
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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**THE STATE OF TEXAS
COUNTY OF HIDALGO**

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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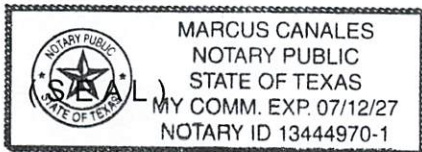
FOR STATEWIDE ASSOCIATIONS ONLY

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

SIGNATURE: 
TITLE: Deputy Sheriff

DATE: 9/4/2025

Before me Marcus Canales, 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.




NOTARY PUBLIC IN AND FOR
THE STATE OF TEXAS

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I, Mario Vicencio, 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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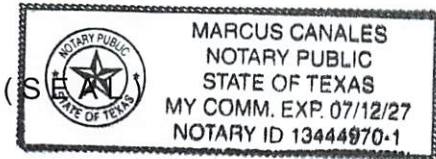
FOR STATEWIDE ASSOCIATIONS ONLY

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

SIGNATURE: 
TITLE: Deputy Sheriff

DATE: 9/4/2025

Before me Marcus Canales, a Notary Public, appeared Mario Vicencio, 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)
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**THE STATE OF TEXAS
COUNTY OF HIDALGO**

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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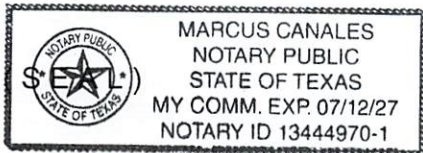
FOR STATEWIDE ASSOCIATIONS ONLY

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

SIGNATURE: *Jaime Garcia*
TITLE: Deputy Sheriff

DATE: 9/4/2025

Before me Marcus Canales, a Notary Public, appeared Jaime Garcia, 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.



Marcus Canales
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

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**THE STATE OF TEXAS
COUNTY OF HIDALGO**

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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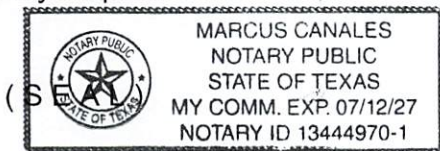
FOR STATEWIDE ASSOCIATIONS ONLY

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

SIGNATURE: 
TITLE: Deputy Sheriff

DATE: 9/4/2025

Before me Marcus Canales, 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.




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



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 X RETIRED _____

NAME : (LAST) Garcia Garza (FIRST) Edwardo (M.I.) I

ADDRESS : 701 El Cibolo CITY : Edinburg

STATE : TX ZIP : 78542 EMAIL : eduardo.garza@hidalgo.gov

DATE OF BIRTH 4 / 12 / 1990 SSN #: LAST 4 ONLY/ 1382

CELL phone number: (956)- 862 - 1382 Canine Name Rambo

AGENCY : Hidalgo County Sheriff's Office ADDRESS: 701 El Cibolo

CITY: Edinburg STATE : Tx ZIP : 78542

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

APPLICANT'S SIGNATURE : [Signature] DATE : 9/4/25

NAME OF DEATH BENEFICIARY (and relationship) Nina A. Garza (Mother)

----- **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



THE NATIONAL NARCOTIC DETECTOR DOG ASSOCIATION, INC.

Membership Application, Narcotics Certification, Receipt Revised 1/2024

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

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

ADDRESS : 3601 Prestwick Street CITY : Edinburg

STATE : Tx ZIP : 78542 EMAIL : mario.vicencio@hidalgo.org

DATE OF BIRTH 12 / 27 / 1995 SSN #: LAST 4 ONLY/ 1664

CELL phone number: (956)- 619 - 1013 Canine Name Paczer

AGENCY : Hidalgo County Sheriff's Office ADDRESS: 711 El Cibolo Road

CITY: Edinburg STATE : Tx ZIP : 78542

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

APPLICANT'S SIGNATURE : _____ DATE : _____

NAME OF DEATH BENEFICIARY (and relationship) Allison Vicencio (Daughter)

----- **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 _____	NEGATIVE RESPONSES	<input type="text"/>
METHAMPHETAMINE	Pass _____	Fail _____	NA _____		

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: _____

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Membership Application, Narcotics Certification, Receipt Revised 1/2024

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

NAME : (LAST) Garcia (FIRST) Jaime (M.I.) J

ADDRESS : 701 El Cibolo CITY : Edinburg

STATE : TX ZIP : 78542 EMAIL : jaime.garcia@hidalgo.org

DATE OF BIRTH 03/16/1974 SSN #: LAST 4 ONLY/ 1462

CELL phone number: (956)- 720 - 5154 Canine Name Sion

AGENCY : Hidalgo County Sheriff's Office ADDRESS: 701 El Cibolo

CITY: Edinburg STATE : Tx ZIP : 78542

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

APPLICANT'S SIGNATURE : [Signature] DATE : 9/04/25

NAME OF DEATH BENEFICIARY (and relationship) Marisol Muniz (Wife)

----- **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 _____	NEGATIVE RESPONSES <input type="checkbox"/>	
METHAMPHETAMINE	Pass _____	Fail _____	NA _____		

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 _____

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Moulton, TX. 77975



THE NATIONAL NARCOTIC DETECTOR DOG ASSOCIATION, INC.

Membership Application, Narcotics Certification, Receipt Revised 1/2024

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

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

ADDRESS : 701 El Cibolo CITY : Edinburg

STATE : TX ZIP : 78542 EMAIL : isidro.perez@hidalgoso.org

DATE OF BIRTH 6 / 15 / 1973 SSN #: LAST 4 ONLY/ 6579

CELL phone number: (956)- 627 - 8372 Canine Name Aro

AGENCY : Hidalgo County Sheriff's Office ADDRESS: 701 El Cibolo

CITY: Edinburg STATE : Tx ZIP : 78542

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

APPLICANT'S SIGNATURE : [Signature] DATE : 9/4/25

NAME OF DEATH BENEFICIARY (and relationship) Mageleane E. Perez Cochran

----- **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: _____

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Membership Application, Narcotics Certification, Receipt Revised 1/2024

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

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

ADDRESS : 701 El Cibolo CITY : Edinburg

STATE : TX ZIP : 78542 EMAIL : ruben.gallegos@hidalgo.org

DATE OF BIRTH 6/16/1983 SSN #: LAST 4 ONLY/ 7749

CELL phone number: (956)- 252 - 8015 Canine Name Reno

AGENCY : Hidalgo County Sheriff's Office ADDRESS: 701 El Cibolo

CITY: Edinburg STATE : Tx ZIP : 78542

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

APPLICANT'S SIGNATURE : Ruben Gallegos DATE : 9/4/25

NAME OF DEATH BENEFICIARY (and relationship) Ruben Michael Gallegos (Son)

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 _____	NEGATIVE RESPONSES	<input type="text"/>
METHAMPHETAMINE	Pass _____	Fail _____	NA _____		

CERTIFICATION BOOK NUMBER _____ Remarks _____

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