



Affiliate Membership Application



Canary Islands Descendants Association of San Antonio

Anyone interested in our organization and is *a member in good standing of a sister Canary Islands organization* is eligible to apply for membership as an **Affiliate Member** in the CANARY ISLANDS DESCENDANTS ASSOCIATION of San Antonio.

Full Name: _____

Address: _____
Street City State Zip Code

Email Address: _____

Phone #: _____ Date of Birth: _____

Signature of Applicant: _____

Affiliate Membership:

- An Affiliate Member is one who wishes to volunteer alongside Members and believes in the furtherance of the Association.
- Affiliate Members may serve on but not chair committees.

Applicant's area of interest for possible future committee work:

- Please choose from the following committees.

Telephone Courtesy Historical/Library Education/Scholarship

- Please list your talents and/or professional skills that may be beneficial to CIDA.

Membership Dues:

- **Affiliate Member - No yearly dues.**

Affiliates are not required to pay yearly dues, but *MUST* be in good standing with a sister Canary Islands organization.

Organization:

Name: _____

Address: _____
Street City State Zip Code

Email Address: _____

Phone # (if applicable): _____

Mail your application to:

CIDA
Attn: Treasurer
P.O. Box 12618
San Antonio, TX 78212

Applicant:

Name: _____ Amount: **No Dues**

Total: **No Dues**

Membership Directory:

CIDA publishes a membership directory and distributes it to all of its active members. Your permission is required to be included in the directory. Please select one of the following.

- Yes, I give permission to include my name, phone number, and email.
- Yes, I give permission to include ALL of my contact information including the physical/ mailing address that CIDA has on file for me.
- No, I do not give permission to include my contact information.

Signature of Applicant _____ Date: _____