



Friends of CIDA Membership Application



Canary Islands Descendants Association of San Antonio

Anyone interested in our organization is eligible to apply for membership as a **Friends of Canary Islands Descendants Association (CIDA) 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: _____

Friends of CIDA Membership:

- A Friends of CIDA Member is a friend to the Association and one who wishes to volunteer alongside Members and believes in the furtherance of the Association.
- Friends of CIDA 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.

Canary Islands Descendant Association

Email: cida.satx@gmail.com

May 2021

Membership Dues:

- Friends of CIDA Member - \$35.00 annual dues.

Membership dues become payable January 1st of every New Year and are valid through December 31st.

Membership dues are required upon receipt of your application.

Mail your application and membership dues to:

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

- Make your check or money order payable to CIDA.
- Dues are also payable online at <https://canary-islands-descendants-association.square.site/>.

Applicant:

Name: _____

Amount: _____

Total: _____

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: _____