

## 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 #:	Cell Phone:		
Date of Birth:			
ignature of Applicant:			
Friends of CIDA Membership:	New Application		
A Friends of CIDA Member is a friend to the Members and believes in the furtherance of the following states of the follow	f the Association.	rishes to volunteer alo	ngside
<ul> <li>Friends of CIDA Members may serve on but</li> </ul>	not chair committees.		
Applicant's area of interest for possible future of	committee work:		
Please choose from the following committee	es.		
☐ Telephone ☐ Courtesy	☐ Historical/Library	☐ Education/S	Scholarship
Please list your talents and/or professional s	skills that may be beneficial t	o CIDA.	

## **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/.

Friend of CIDA Applicant:	
Name:	Amount: \$35
Membership Directory:	
CIDA publishes a membership directory and distributes it t information provided on page one will be used in the direct	
No, I do not give permission to publish my contact	t information.
Signature of Applicant	Date:

Email: cida.satx@gmail.com