



Membership Renewal Form

Canary Islands Descendants Association of San Antonio



Please submit this form when paying your dues and include your current address, phone number, and email. **Dues become payable January 1st of every new year with a deadline of March 31st.** Submit your dues before the deadline to **remain an active member.** Thank you.

Direct Descendant Information

Name: _____
Address: _____
City, State, Zip: _____
Home Phone: _____ Cell Phone: _____
Email: _____

Associate or Other Member Information

Membership Category:

Name: _____
Address: _____
City, State, Zip _____
Home Phone: _____ Cell Phone: _____
Email: _____

Completing this form aids our Membership VP and Treasurer apply payment to the proper members. If paying for more than two members, please use page two.

Membership Categories:

1. Direct-Descendant Member - Dues \$**40.00** annually
2. Associate Member - Dues \$**30.00** annually
This category is for the legal spouse of a living or deceased Direct-Descendant Member.
3. Friends of CIDA - Dues \$35.00 annually
This category is for anyone who is interested in our organization and does not qualify for any other membership.
4. Affiliate Member - No annual dues
This category is for a member in active & goodstanding of a sister Canary Islands association (such as Louisiana).

Send Dues to: Canary Islands Descendants Association
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/>.

Membership Directory:

CIDA publishes a membership directory and distributes it to all of its active members. As an active member, your **complete** contact information **above** will be published in the directory **unless you indicate otherwise below.**

No, do not publish any of my information in the membership directory.

Signature _____ Date _____



Membership Renewal Form - Page 2

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For renewing additional members, please complete the information below:

Additional member information

Membership Category:

Name: _____
 Address: _____
 City, State, Zip: _____
 Home Phone: _____ Cell Phone: _____
 Email: _____

Membership Category:

Name: _____
 Address: _____
 City, State, Zip: _____
 Home Phone: _____ Cell Phone: _____
 Email: _____

Membership Category:

Name: _____
 Address: _____
 City, State, Zip: _____
 Home Phone: _____ Cell Phone: _____
 Email: _____

Renewal Payment Totals:	Quantity	Cost Each	Total
Number of Direct Descendant Member Renewals	_____	\$40	\$ _____
Number of Associate Member Renewals	_____	\$30	\$ _____
Number of Friends Member Renewals	_____	\$35	\$ _____

Grand Total: \$ _____

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