



Membership Application Form

Canary Islands Descendants Association
San Antonio, Texas



Any direct descendant of an ancestor who was a member of one of the sixteen Canary Islands families who arrived at the *Presidio San Antonio de Béjar* on March 9, 1731, is eligible to apply for membership as a **Direct Descendant Member** in the CANARY ISLANDS DESCENDANTS ASSOCIATION of San Antonio, Texas.

All applicants must submit a **documented** genealogy traceable to one of the sixteen Canary Islands families and carefully read the instructions page. Proof of relationships is also required.

IMPORTANT: It is required that complete dates, month, day, and year, be supplied for all generations if possible. All names should be given in full. Please list **the Canary Islander's descendant's name first, regardless of gender. Provide all dates using this format dd mmm yyyy. For example, 18 Aug 1874.**

Applicant Contact Information:

Full Name: _____

Address: _____
Street City State Zip Code

Home Phone: _____ Cell Phone: _____

Email Address: _____

Applicant Signature: _____ Date: _____

Type of membership you are applying for: Direct Descendant ☐ Junior

Type of application: Initial Supplemental Posthumous Date of Death _____

1. **Direct-Descendant Member** – Direct Descendant of an ancestor who was a member of one of the sixteen original Canary Islands families.
2. **Associate Member** - This category is for living or deceased spouses of **Direct Descendant Members**. Complete page 7 of this application for associate member.
3. **Junior Member** - This category is for children of **Direct Descendant Members** up to the age of 18 years, at 19 years of age they will be eligible as **Direct Descendant Members** upon payment of annual dues.

Reference "piggybacking" in the instructions page. Name your member relative here:

I am related to: _____ He/She is my: _____
CIDA Member City, St, Country Relationship

Genealogical Proof:

Proof for each generation will be recorded below and photocopies of that proof **MUST** be submitted along with the application. Proof for each generation and named person **must** include proof of birth, marriage, death, and can include: birth or baptismal certificates where parents are named, marriage certificates, death certificates, wills, probate records, or other official public documents where kinship is documented.

Relationships from one generation to the next must be proven. On the back of each photocopy proof, please print or type the fact (birth, marriage, death) for the given document, the name of applicant, the generation number to which the document applies, and the CI ancestor's name.

Note: Always use the maiden name for all women ancestors. List the CI descendant first then his/her spouse.

Generation 1	I, _____, Qualify To Be A Member By Right Of Descent From Canary Islands Ancestor: _____.	
	I was born on _____ in _____ (mm/dd/yyyy) (Location: City, State, County, Country)	
Please list attachments included: _____		

Generation 2	I am the son/daughter of:				
		Date (dd/mmm/yyyy)	City or Location	State	Country
	Born:				
	Died:				
	and spouse:				
	Born:				
	Died:				
	Married:				
Please list attachments included: _____					

Generation 3	Grand-son/daughter of:				
		Date (dd/mmm/yyyy)	City or Location	State	Country
	Born:				
	Died:				
	and spouse:				
	Born:				
	Died:				
	Married:				
Please list attachments included: _____					

Generation 4	Great ^{x1} Grand-son/daughter of:				
		Date (dd/mmm/yyyy)	City or Location	State	Country
	Born:				
	Died:				
	and spouse:				
	Born:				
	Died:				
	Married:				
Please list attachments included: _____					

Generation 5	Great ^{x2} Grand-son/daughter of:				
		Date (dd/mmm/yyyy)	City or Location	State	Country
	Born:				
	Died:				
	and spouse:				
	Born:				
	Died:				
	Married:				
Please list attachments included:					

Generation 6	Great ^{x3} Grand-son/daughter of:				
		Date (dd/mmm/yyyy)	City or Location	State	Country
	Born:				
	Died:				
	and spouse:				
	Born:				
	Died:				
	Married:				
Please list attachments included:					

Generation 7	Great ^{x4} Grand-son/daughter of:				
		Date (dd/mmm/yyyy)	City or Location	State	Country
	Born:				
	Died:				
	and spouse:				
	Born:				
	Died:				
	Married:				
Please list attachments included:					

Generation 8	Great ^{x5} Grand-son/daughter of:				
		Date (dd/mmm/yyyy)	City or Location	State	Country
	Born:				
	Died:				
	and spouse:				
	Born:				
	Died:				
	Married:				
Please list attachments included:					

Generation 9	Great ^{x6} Grand-son/daughter of:				
		Date (dd/mmm/yyyy)	City or Location	State	Country
	Born:				
	Died:				
	and spouse:				
	Born:				
	Died:				
	Married:				
Please list attachments included:					

Generation 10	Great ^{x7} Grand-son/daughter of:				
		Date (dd/mmm/yyyy)	City or Location	State	Country
	Born:				
	Died:				
	and spouse:				
	Born:				
	Died:				
	Married:				
Please list attachments included:					

Generation 11	Great ^{x8} Grand-son/daughter of:				
		Date (dd/mmm/yyyy)	City or Location	State	Country
	Born:				
	Died:				
	and spouse:				
	Born:				
	Died:				
	Married:				
Please list attachments included:					

Generation 12	Great ^{x9} Grand-son/daughter of:				
		Date (dd/mmm/yyyy)	City or Location	State	Country
	Born:				
	Died:				
	and spouse:				
	Born:				
	Died:				
	Married:				
Please list attachments included:					

Generation 13	Great ^{x10} Grand-son/daughter of:				
		Date (dd/mmm/yyyy)	City or Location	State	Country
	Born:				
	Died:				
	and spouse:				
	Born:				
	Died:				
	Married:				
Please list attachments included:					

If applicant is married, he/she is required to list the names of their spouse and all children:

Spouse:			
Child:		Child:	
Child:		Child:	
Child:		Child:	
Child:		Child:	

Note: Above is for information purposes only. **Separate applications are required for all direct-descendant members.**

CIDA is an all-volunteer organization and we are always seeking volunteers. How would you like to help?

Telephone

Courtesy

Historical/Library

Education/Scholarship

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

REVIEWED:

Membership Vice-President

Date

REVIEWED:

President

Date

REVIEWED:

Executive Committee

Date

REVIEWED:

Secretary

Date

TYPICAL SOURCES FOR GENEALOGICAL RESEARCH AND DOCUMENTATION

BEXAR ARCHIVES - Bexar County Courthouse, Bexar County Clerk's Office, Barker History Center, University of Texas at Austin, Texas John Peace Library, University of Texas at San Antonio.

SAN FERNANDO CATHEDRAL RECORDS - Typed translations by John Ogden Leal, Volume Sets located at: San Antonio Main Library, DRT Research Library, San Antonio Catholic Chancery, Bexar County Clerk's Office, Clayton Library in Houston, Texas.

STATE OF TEXAS LAND OFFICE - Austin, Texas

LORENZO DE ZAVALA STATE LIBRARY AND ARCHIVES - Austin, Texas

PROBATE RECORDS AND COMMISSIONERS' COURT MINUTES - Bexar County Courthouse

DEPARTMENT OF VITAL STATISTICS - Bexar County and Austin

HEALTH DEPARTMENT RECORDS - Bexar County and Austin

PUBLICATIONS:

Austin, Mattie Alice. *"The Municipal Government of San Fernando de Bexar, 1730-1800"* The Quarterly of the Texas State Historical Association, Vol. VIII. No.4 pp. 277-352, Austin, April 1905.

Castaneda, Carlos Eduardo. *"Our Catholic Heritage in Texas"* 5 Vols., Austin, Von Boeckmann-Jones, 1936-1942.

Chabot, Frederick C. *"With the Makers of San Antonio"* Artes Graficas, 1937, San Antonio. 1974 and 1981 Reprints, Graphic arts, San Antonio.

Canary Islands Descendant Association

Email: cida.satx@gmail.com

Membership Application 28Apr2024

Dues:

Membership dues become payable January 1st of every New Year according to your membership category and are valid through December 31st. Deadline for paying dues is March 31st. Membership dues are required upon approval of your application. A \$25 non-refundable application processing fee must be paid and sent along with your application. Mail your application and non-refundable processing fee to: **CIDA**

P.O. Box 12618**San Antonio, TX 78212**

Spouses are eligible to be Associate members. If your spouse wishes to be an associate member, please complete the application on the following page and **include your marriage certificate, and spouse's birth certificate**. Associate membership annual dues are \$30, required upon approval of your application, and also expire December 31st of each calendar year.

Membership Categories:

1. **Direct-Descendant Member**-Dues \$40.00 annually.
2. **Associate Member**-Dues \$30.00 annually, (this category for living or deceased spouses of Direct-Descendant Members)
3. **Junior Member**-This category is for children up to the age of 18 years. There is an initial fee of \$15 due at the time the junior member is approved. There are no annual dues thereafter until they turn 19 years of age at which time they will be regular direct descendant members and pay \$40.00 annually.

Applicant information and fees due:

Direct Descendant \$40

Direct-Descendant/Junior Applicant's Name:

Junior \$15

Application Processing Fee: \$25

Associate Member's Name:

Associate

Amount: \$30

Total Owed:

Membership Directory: CIDA publishes a membership directory and distributes it to all of its active members. Your contact information on Page 1 will be published in the directory unless you indicate otherwise below.

No, I do not give permission to publish any of my contact information.

Signature of Applicant _____ Date: _____



Associate Membership Application



Canary Islands Descendants Association of San Antonio

A spouse of a living or deceased direct-descendant member of CIDA is eligible to apply for membership as a **Associate Member** in the CANARY ISLANDS DESCENDANTS ASSOCIATION of San Antonio.

Full Name: _____

Address: _____
Street City State Zip Code

Email Address: _____

Phone #: _____ Date of Birth: _____

Cell Phone #: _____

Signature of Associate Applicant: _____

- Our associate members are important to our association and volunteer alongside other members and believe in the furtherance of the Association.
- Associate members may serve on but not chair committees.

Associate member'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.