

**Canary Islands Descendants Association
Renewal Sheet**

Type of Membership (circle one): Direct Descendant Associate Friend

Member Name _____

Email Address _____

Home Street Address _____

City _____ **Zip Code** _____

Cell Phone _____ **Home Phone** _____

Do you want to be in the CIDA Membership Directory (circle one): Yes No

Type of Membership (circle one): Direct Descendant Associate Friend

Member Name: _____

Email Address _____

Home Street Address _____

City _____ **Zip Code** _____

Cell Phone _____ **Home Phone** _____

Do you want to be in the CIDA Membership Directory (circle one): Yes No

Type of Membership (circle one): Direct Descendant Associate Friend

Member Name: _____

Email Address _____

Home Street Address _____

City _____ **Zip Code** _____

Cell Phone _____ **Home Phone** _____

Do you want to be in the CIDA Membership Directory (circle one): Yes No

Payment included	How Many	Total Paid
Direct descendant dues -\$40	_____	\$ _____
Associate dues - \$30	_____	\$ _____
Friend of CIDA dues - \$35	_____	\$ _____
Total Dues Paid		\$ _____