Canary Islands Descendants Association Renewal Sheet

Member Name			
Email Address Home Street Address			
City			
Cell Phone			
Do you want to be in the CIDA Mem			s No
Type of Membership (circle one): Di			end
Member Name:			
Email Address			
Home Street Address			
City	Zip Code		
Cell Phone	Home Phone		
Do you want to be in the CIDA Mem	bership Directory (circ	le one): Yes	
Type of Membership (circle one): Di Member Name: Email Address Home Street Address City	rect Descendant As Zip Code	sociate Fri	
Type of Membership (circle one): Di Member Name: Email Address Home Street Address City Cell Phone	rect Descendant As Zip Code Home Phone	sociate Fri	end
Type of Membership (circle one): Di Member Name: Email Address Home Street Address	rect Descendant As Zip Code Home Phone	sociate Fri	end
Type of Membership (circle one): Di Member Name: Email Address Home Street Address City Cell Phone Do you want to be in the CIDA Mem	rect Descendant As Zip Code Home Phone bership Directory (circ	sociate Frielle one): Yes	end s No
Type of Membership (circle one): Di Member Name: Email Address Home Street Address City Cell Phone Do you want to be in the CIDA Mem Payment included Direct descendant dues -\$40	rect Descendant As Zip Code Home Phone bership Directory (circ	sociate Frielle one): Yes	end s No