



ESPAÑA CHAPTER, NSDAR

MADRID, SPAIN



ASSOCIATE MEMBERSHIP APPLICATION

Name:	Telephone:
Address:	
Email:	NSDAR #:
	State:
Name of Ancestor(s):	
Please check:	
I wish to apply for NEW Associate M	Membership.
I wish to RENEW my Associate Mer	mbership.
Signed:	Date:
If you are already an associate member, your n	12 months from acceptance of your application. nembership will be extended by 12 months from when it expires. ag financial or material donation(s) to charities, or activitie earbook or newsletter.
Donation to:	Amount:
Payments may be made by:	
Zelle® to zelle@darspain.org Then email	this completed form to treasurer@darspain.org
Venmo to the Chapter's Venmo account	linked to (713)-203-1931
Check for \$15.00 payable to: Espana Ch	napter, NSDAR. Checks should be mailed to:
240	Ms K. Macaulay 00 Oakhaven Circle Austin TX 78704

Associate members may purchase Units Overseas Pin with a "Spain" Drop Bar from DAR Insignia Store.

Questions? info@darspain.org