



## Thank you for your commitment to Friends of CIS-SA!

We are so grateful to have you as part of our Friends family. Please complete the following membership form and mail it back to CIS using the address listed below. To pay your membership dues and/or make a 100% tax-deductible gift to Friends of CIS, please make check payable to **Friends of CIS** and mail to 1045 Cheever Blvd. Suite 201 St. San Antonio, TX 78217. *Note:* If you prefer to submit your membership form and dues payment online, you may go to [www.cissa.org](http://www.cissa.org), Click "Get Involved" and "Become a Friend". Note all memberships expire on August 31<sup>st</sup> of each year.

### Member Information

Today's Date: \_\_\_\_\_

Full Name: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Mailing Address, City, and State: \_\_\_\_\_

To help build community, we have a Friends membership directory. Please indicate what information you would like shared, if any at all. You may check multiple boxes.

- First and Last Name Only
- Phone Number
- Email Address
- Mailing Address

Any information you provide will be handled confidentially. This section is completely optional.

Employer Name: \_\_\_\_\_

Position Title: \_\_\_\_\_

Please indicate your gender.

- Female                       Male                       I do not wish to disclose

Birth Date (xx/xx/xx): \_\_\_\_\_

Please check the appropriate racial/ ethnic category:

- |  |  |
|--|--|
| <input type="checkbox"/> White                               | <input type="checkbox"/> Black or African American |
| <input type="checkbox"/> Hispanic or Latino                  | <input type="checkbox"/> Asian                     |
| <input type="checkbox"/> Native Hawaiian or Pacific Islander | <input type="checkbox"/> Two or more races         |
| <input type="checkbox"/> I do not wish to disclose           |  |

If submitting for a Household Membership, Spouse's Full Name and Birth Date (optional):

\_\_\_\_\_

How did you hear about Friends of CIS-SA?

- Member Referral    CIS Event    Website    Social Media    CIS Staff or Board    Other





As a Friend of CIS, which CIS services or programs are you most interested in learning more about? Check all that apply.

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Family Engagement        | <input type="checkbox"/> Life Skills  | <input type="checkbox"/> College & Career Preparation |
| <input type="checkbox"/> Mental Health/Counseling | <input type="checkbox"/> Academic Support   | <input type="checkbox"/> Enrichment Activities        |
| <input type="checkbox"/> Basic Needs Support      | <input type="checkbox"/> Trainings  | <input type="checkbox"/> Other: _____                 |
| <input type="checkbox"/> Equity                   | <input type="checkbox"/> STEM Program (Science, Technology, Engineering, Mathematics) |   |

## Membership Dues

All membership dues support the Friends of CIS-SA budget which funds student activities and member focused events. All memberships will expire on the August 31<sup>st</sup> of each year.

**Please check the box below to indicate your membership type.**

- Individual: \$35
- Household: \$50

**Would you like to make an even greater impact?** Make an additional gift to Friends of CIS-SA that can support initiatives like student enrichment field trips.

- Additional Amount: \$ \_\_\_\_\_

## Engagement Opportunities

Friends have many different opportunities to get involved with CIS based on your interest and desire to engage. Please check the areas you are interested in learning more about, if any.

### Volunteer

- Friends Committee Member- I'm interested in serving on a committee within Friends
- Pen Pal- I would like to write to a 4<sup>th</sup> grade student throughout the school year
- I would like to volunteer to read to students on Read Across America Day (Feb/March)
- Guest Speaker- I am interested in serving as a guest speaker to a group of students
- Administrative Support- I want to help write handwritten thank you notes to supporters
- Other: \_\_\_\_\_

### Advocacy

- I would like to invite my company or organization to get involved: \_\_\_\_\_
- Invite others to join Friend of CIS: \_\_\_\_\_
- Participate in CIS Day at the Capitol
- Other: \_\_\_\_\_

### Fundraise/ Financial Impact

- I would like to learn more about sponsorship opportunities for the annual luncheon or annual conference.
- I would like to help connect a foundation or organization to CIS-SA to make a financial gift.
- Other: \_\_\_\_\_

***Thank You!***