

Macedonian Community of Adelaide & South Australia Inc. (MCASA)PO Box 291 Findon SA 5023 Tel/Fax: (08) 83471401 Email: mcasatreasurer@outlook.com

Application by FORMER Member for 2023

(NB: Completed form to be returned by the 15 March)

First Name:	Surname:		
Address:			
	State	ə:	Postcode:
Place of Birth:	Date of Birth:		
Nationality/Ethnicity		Home Phone:	
Mobile:	Email		
Preferred method of contact	ct: 🗆 Home Phone 🗀 Mob	oile 🗆 Em	nail
Are you currently a member	of any other Macedonian / Com	munity / Cult	tural / Political /
Organisations etc.? No	\square Yes If yes, please specify: _		
Permission to use photogr	aphic images (please tick one	of the follow	ing):
☐ No ☐ Yes MCASA has	my permission to use and ident	ify photogra	phs of me.
Please indicate which Sect	ion/s you would be interested	in for poss	sible membership:
☐ Women's Section ☐ Ser	nior Citizens' Club 🛚 Youth Gro	oup 🗌 Cultu	ral Society "ISKRA"
☐ Society of Macedonian Pro	ofessionals "VOX" 🗌 Macedon	ian School "	Sts. Kiril & Metodi"
☐ Macedonian Community M	/ledia Program (Radio/TV) ☐ Fo	olkloric Ense	mble "Sloboda"
Membership Criteria for Se	ctions:		
	e member of MCASA, and		
2. Satisfy the eligibility cr	riteria for with the relevant section	on (check wi	th relevant committee)
** All informa	ation on this form will be kept	strictly con	fidential **
In which year were you la	ast a member		
	0 per calendar year Endwith \$30 payment to a current		
Please DO NOT send c	ash by mail. EFT available on	request (co	ontact Treasurer)
, , ,	eby apply to become a memb ound by the rules of this orga		A and agree to be
Signature		Date	
ON BEHALF OF THE EXECUTIVE	E COMMITTEE		
MCASA Use Only:		Secretary	
	Membership N	0.	
Membership Approved by the Exec	cutive Committee:		
Receipt No.	Register No.		