



Macedonian Community of Adelaide & South Australia Inc. (MCASA)

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Application for SOCIAL Membership for 2023

First Name: _____ **Surname:** _____

Address: _____

_____ **State:** _____ **Postcode:** _____

Place of Birth: _____ **Date of Birth:** _____

Nationality/Ethnicity _____ **Home Phone:** _____

Mobile: _____ **Email** _____

Preferred method of contact: Home Phone Mobile Email

Are you currently a member of any other Macedonian / Community / Cultural / Political / Organisations etc.? No Yes If yes, please specify: _____

Permission to use photographic images (please tick one of the following):

No Yes MCASA has my permission to use and identify photographs of me.

Please indicate which type of activities you would be interested in :

**** All information on this form will be kept strictly confidential ****

Membership Rates: \$20 per calendar year Enclosed: Cash Cheque

*** Please forward this form with \$20 payment to a current Executive Committee Member ***

Please DO NOT send cash by mail. EFT available on request (contact Treasurer)

By signing below I hereby apply to become a Social member of MCASA and agree to be bound by the rules of this organisation. Refer to membership criteria overleaf.

Signature _____ **Date** _____

ON BEHALF OF THE EXECUTIVE COMMITTEE _____
Secretary

MCASA Use Only:

Application received on (date): _____ Social Membership No. _____

Social Membership Approved by the Executive Committee: _____

Receipt No. _____ Register No. _____