



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

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Application by FORMER Member for 2024

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

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 Section/s you would be interested in for possible membership:

Women's Section Senior Citizens' Club Youth Group Cultural Society "ISKRA"

Society of Macedonian Professionals "VOX" Macedonian School "Sts. Kiril & Metodi"

Macedonian Community Media Program (Radio/TV) Folkloric Ensemble "Sloboda"

Membership Criteria for Sections:

1. Current financial or life member of MCASA, and
2. Satisfy the eligibility criteria for with the relevant section (check with relevant committee)

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

In which year were you last a member

Membership Rates: \$30 per calendar year Enclosed: Cash Cheque

*** Please forward this form with \$30 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 member of MCASA and agree to be bound by the rules of this organisation.

Signature _____ **Date** _____

ON BEHALF OF THE EXECUTIVE COMMITTEE _____

Secretary

MCASA Use Only:

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

Membership Approved by the Executive Committee: _____

Receipt No. _____ Register No. _____