



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

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www.macedoniancommunitysa.org.au

Application for New Membership for 2024

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 ****

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

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 _____

*** Please forward this form with \$30 payment to a current Executive Committee Member ***

NOMINATED BY _____
Current Member Signature

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. _____