



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

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www.macedoniancommunitysa.org.au

Application for RENEWAL of Membership for 2025

(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" ☐ Heritage Movement "Spas"

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

* 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. _____