Macedonian Community of Adelaide & South Australia Inc. (MCASA)
PO Box 291 Findon SA 5023 Tel: (08) 8347 1401 Email: macedoniancommunitysa@outlook.com
www.macedoniancommunitysa.org.au

Application for New Membership for 2026

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. _____