



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

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[www.macedoniancommunitysa.org.au](http://www.macedoniancommunitysa.org.au)

## Application for SOCIAL Membership for 2025

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. \_\_\_\_\_