



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

PO Box 291 Findon SA 5023 Tel: (08) 8347 1401 Email: [macedoniancommunitysa@outlook.com](mailto:macedoniancommunitysa@outlook.com)  
[www.macedoniancommunitysa.org.au](http://www.macedoniancommunitysa.org.au)

## Application by FORMER Member 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"

**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. \_\_\_\_\_