



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

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

## Application for New 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 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. \_\_\_\_\_