



MACEDONIAN COMMUNITY OF ADELAIDE & SOUTH AUSTRALIA INC. (MCASA)

PO Box 291 Findon SA 5023 Email: secretary@mcasa.org.au

www.macedoniancommunitysa.org.au

Application for RENEWAL of Membership for 2027

(NB: Completed form to be submitted by 15 March 2027)

First Name: _____ **Surname:** _____

Address: _____

_____ **State:** _____ **Postcode:** _____

Place of Birth: _____ **Date of Birth:** _____

Macedonian Origin/Background ☐ Yes ☐ No **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: _____

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: \$40 per calendar year Enclosed: ☐ Cash ☐ EFT Payment

*** Please DO NOT send cash by mail – cash only to MCASA Executive Members**

EFT Payment Description: SURNAME First Name MCASA 2027

By signing below I hereby apply to renew my MCASA membership 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. _____