



Email: MacedonianCommunitiesCouncil@gmail.com PO Box 291 FINDON SA 5023

Perth Adelaide Melbourne Geelong Canberra Queanbeyan Wollongong Sydney
Newcastle Gold Coast Brisbane

MEMBERSHIP APPLICATION FORM

Name of Your Organization _____

Physical Address of Your Community Centre, Club or Association

Year Your Organization Was Established _____

Date of Incorporation _____

(please attach a copy of your Certificate of Incorporation and a Copy of your Constitution)

A Brief Description of the Aims and Objectives of your Organization

A Brief Explanation of Why You Believe Your Organization Could Contribute to the MCCA

Contact Details of the President, Secretary and Treasurer of Your Organization (Please include email addresses and mobile telephone numbers.

1. _____
2. _____
3. _____

Signature and Name of the Person filling out this Application
