



MCCSA

Multicultural Communities Council of SA

ABN: 13-253-714 844

113 Gilbert Street
ADELAIDE SA 5000

Tel: 8345 5266

Fax: 8221 7196

Email: mccsa@mccsa.org.au

Web: www.mccsa.org.au

APPLICATION FOR MCCSA MEMBERSHIP

Please fill out the relevant sections as they apply to you or your organisation.

Date: _____ / _____ / _____

Please select One:

Name of Organisation or Individual:

Office/premises address (**for organisations**):

Postal address (where all correspondence will be issued):

Telephone: _____ Facsimile: _____

Email: _____

Website (if applicable): _____

Number of members: _____

Please tick the relevant box (or boxes) to indicate the core activities of your organisation:

- | | | |
|-----------------------------------|----------------------------------|------------------------------------|
| <input type="checkbox"/> Cultural | <input type="checkbox"/> Welfare | <input type="checkbox"/> Community |
| <input type="checkbox"/> Women's | <input type="checkbox"/> Youth | Other, please specify: _____ |

Please tick the box of the category of membership being sought:

- Organisation** Membership (\$35.00)
An organisation whose, primary object is either of an ethnic and/or multicultural focus and whose aims and activities are consistent with the statement of purposes of the MCCSA.

- Individual** Membership* (\$15.00)

***Please attach a short Bio**

Individuals: who abide with the MCCSA's statement of purposes of the MCCSA.

Organisation contact details:

As only Delegates have voting rights please note that President/Chairperson may also be a Delegate.

President/Chairperson: _____

Address: _____

Telephone: _____

Mobile: _____ Email: _____

Delegate 1: _____

Address: _____

Telephone: _____

Mobile: _____ Email: _____

Delegate 2: _____

Address: _____

Telephone: _____

Mobile: _____ Email: _____

Please attach a copy of the following documents (whichever is applicable):

1. Organisation: • **Constitution**
2. Individual: • **Short Bio - CV**

*** * * PLEASE NOTE: DO NOT PROVIDE PAYMENT AT THIS TIME * * ***

Notification of payment options will be issued to approved applicants once their membership has been formally ratified by the MCCSA Committee.

I acknowledge that prior to signing this application I have read and agreed with the constitution and rules of the MCCSA. I also acknowledge that I am in agreement with the statement of purposes attached to it.

In the event of admission to the Association as a member, he / she / it agrees hereby to be bound by the Constitution and Rules of the Association for the time being in force.

Signed:

Organisation

President/Chairperson: _____

Signed:

Individual _____