



**Multicultural Community Services of Central Australia Inc.**

2/20 Parsons Street PO Box 11 60 Alice Springs NT 0871  
ph. 08-8952 8776 fax 08-8952 5176 e-mail: info@mcscas.org.au

**MEMBERSHIP APPLICATION /RENEWAL FORM**

I, \_\_\_\_\_ (Full name)  
wish to

**APPLY FOR MEMBERSHIP OF MCSCA**  
**RENEW MY MEMBERSHIP FOR 2008-09**

I have read and support the Aims and Objectives of the Association as stated overleaf. I acknowledge that as a member I can vote at any general meeting which includes the Annual General Meeting and have the right to be elected on the Management Committee. As a Member I am also entitled to receive the quarterly newsletter as well as invitations to MCSCA events and ministerial functions.

My details are as follows:

Full name/s: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: (home) \_\_\_\_\_ (work) \_\_\_\_\_

(mobile) \_\_\_\_\_ (fax) \_\_\_\_\_

E-mail: \_\_\_\_\_

Occupation: \_\_\_\_\_

Country of origin: \_\_\_\_\_

Do you speak any other languages other than English? \_\_\_\_\_

Signed: \_\_\_\_\_ Date: / /

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(name) \_\_\_\_\_ has been accepted as a member of the Multicultural Community Services of Central Australia on (date) / /

The Secretary: \_\_\_\_\_