



Multicultural Communities Council of South Australia

ABN 13-253-714 844

A 113 Gilbert Street, Adelaide, SA 5000 | T 8345 5266 | E mccsa@mccsa.org.au | W www.mccsa.org.au

MCCSA MEMBERSHIP APPLICATION FORM (ORGANISATION)

Vision:

An equitable, cohesive and thriving South Australia.

Mission:

Multicultural Communities Council of SA will support and advocate for all people from culturally and linguistically diverse (CALD) backgrounds to realise their potential as active contributors to the economic, social and cultural life of South Australia.

ORGANISATION DETAILS		
Organisation Name:		
Postal Address:		
Suburb:	State:	Postcode:
Phone:		
Organisation Email:		
This will be the PRIMARY EMAIL used for all correspondence and will be added to MCCSA mailing list.		
Name of Chairperson or President:		
Title: <input type="checkbox"/> Mr <input type="checkbox"/> Ms <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Dr <input type="checkbox"/> Other _____	Post Nominals:	
Name of CEO (if applicable):		
Title: <input type="checkbox"/> Mr <input type="checkbox"/> Ms <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Dr <input type="checkbox"/> Other _____	Post Nominals:	

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

- Cultural
 Welfare
 Community
 Women’s
 Youth
 Other, please specify: _____

Language(s) spoken other than English: _____

How did you hear about MCCSA? _____

Are there any events or cultural days specific to your communities that you acknowledge? (Example: National Day)

Date: _____	Event Name: _____
Date: _____	Event Name: _____
Date: _____	Event Name: _____

Please provide a brief statement in support of your membership application.

We have chosen to become a member of the MCCSA because...

If there is insufficient space in this section, you may attach an annexure and submit as part of your application.

- Please attach a copy of your Constitution. Please ensure that your Constitution aligns with the objectives of MCCSA.

Please nominate (2) DELEGATES who are entitled to vote at MCCSA Board Election and on Constitutional issues:	
Delegate 1	
Name:	
Title: <input type="checkbox"/> Mr <input type="checkbox"/> Ms <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Dr <input type="checkbox"/> Other _____	Post Nominals:
Position: <input type="checkbox"/> Chairperson/President <input type="checkbox"/> Vice Chair/Vice President <input type="checkbox"/> Other _____	
Email: <small>This email be added to MCCSA mailing list. Please notify MCCSA if the delegate does not wish to be on the mailing list.</small>	
Phone/Mobile:	
Delegate 2	
Name:	
Title: <input type="checkbox"/> Mr <input type="checkbox"/> Ms <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Dr <input type="checkbox"/> Other _____	Post Nominals:
Position: <input type="checkbox"/> Chairperson/President <input type="checkbox"/> Vice Chair/Vice President <input type="checkbox"/> Other _____	
Email: <small>This email be added to MCCSA mailing list. Please notify MCCSA if the delegate does not wish to be on the mailing list.</small>	
Phone/Mobile:	

MEMBERSHIP FEE \$50.00 per year (MCCSA membership year runs from 1 July to 30 June the following year)

Notification of payment options will be advised once application has been approved by the MCCSA Board.

FEEDBACK, ENGAGEMENT AND CONFIDENTIALITY

MCCSA welcomes member feedback and active engagement in the work of MCCSA. MCCSA is committed to maintaining the privacy of information about its members.

ACKNOWLEDGEMENT & CONSENT
<input type="checkbox"/> We acknowledge that prior to signing this application, we have read the Constitution of the MCCSA available on the MCCSA website: http://mccsa.org.au/wp-content/uploads/2019/02/MCCSA-CONSTITUTION-2-December-2018.pdf and we acknowledge that we are in agreement with the Statement of Purposes within the MCCSA Constitution and we confirm that our aims align with the objectives of the MCCSA.
<input type="checkbox"/> In the event of our admission as a Member, we agree: (a) to be bound by the MCCSA Constitution and Rules of MCCSA (b) to the publication of our organisation name as a member of MCCSA.
<input type="checkbox"/> If you are unable to sign, please check this box and type your full name below to electronically sign this application.
Signed: <div style="border: 1px solid black; background-color: #e0e0e0; width: 600px; height: 25px; margin-left: 20px;"></div> <small>Chairperson / President / Authorised Representative of behalf of the Applicant</small>
Date: