



Multicultural Association of Caboolture Shire Inc.

ABN: 37 112 962 607

9 George Street, Caboolture Qld. 4510

PO Box 583, Caboolture Qld. 4510

Phn.: 0754 983 455

Fax: 0754 957 556

Email: macscaboolture@hotmail.com

MEMBERSHIP FORM – INDIVIDUAL

I wish to apply for/renew my membership of the Multicultural Association of Caboolture Shire Inc. and agree to abide by the rules of the organisation.

First Name _____ Surname: _____

Address: _____

_____ State: _____ P/Code: _____

Phone: _____ Mobile: _____

Email: _____ Country of Origin: _____

Signature: _____ Date: ____/____/____

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Membership fee (January – December 2013)

\$5.00 (Individual)

Date Paid: ____/____/____

Receipt No.: _____