



M.A.C.S.

Multicultural Association of Caboolture Shire Inc.

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MEMBERSHIP FORM – ORGANISATION

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.

Organisation's Name: _____

Contact Person / Representative _____

First Name _____ Surname: _____

Address: _____

Phone: _____ Mobile: _____

Email : _____ Country of Origin: _____

Signature: _____ Date: ____/____/____

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Membership fee (January – December 2013)

\$10.00 (Organisation)

Date Paid: ____/____/____

Receipt No.: _____