



ORGANISATION MEMBERSHIP 2025-2026

Name of Organisation _____

Program Name _____

Membership Contact Person _____
 Dr/Mr/Mrs/Ms _____

Job Title _____

Postal Address _____

Suburb _____ Postcode _____

Phone _____ Fax _____

Email _____

Website _____

Address (if different from postal address) _____

Suburb _____ Postcode _____

No of Sites/ Facilities _____

Acceptance

I/We wish to renew/apply for membership of Multicultural Aged Care Inc. and agree to accept and endorse the objects of the Constitution as stated below.

Organisation _____

_____ / _____ / _____

Name (Block letters) *Signed* *Date*

_____ / _____ / _____

Seconder Name *Signed* *Date*

Objects or Purposes of the Association

The objects of the association are to:

- i) Assist Cultural and Linguistically Diverse community groups to plan for, develop and deliver quality aged and community care services;
- ii) Collaborate with Culturally and Linguistically Diverse community groups and aged and community care service providers to develop services and resources, transfer knowledge and information and provide quality aged and community care; and
- iii) Act as a conduit for the exchange of ideas, innovation, better practice and implementation of inclusive practices in the planning and delivery of quality aged and community care services.

Returning this Form

Post: Multicultural Aged Care Inc.
 Reply Paid 488
 Torrensville Plaza SA 5031

Fax: 08 8352 1266

Email: macsa@mac.org.au

There are no fees involved in becoming a member of Multicultural Aged Care