



# NATSIPA

National Aboriginal & Torres Strait  
Islander Postgraduate Association

## Friends of NATSIPA APPLICATION (non-Aboriginal / Torres Strait Islander)

Full Name of Applicant: \_\_\_\_\_

Address of Applicant: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Contact number: \_\_\_\_\_

Email: \_\_\_\_\_

Nationality: \_\_\_\_\_

Full Name of Institution: \_\_\_\_\_

Address of Institution: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Position at institution: \_\_\_\_\_

Reasons for wanting to join: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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Date Received: \_\_\_\_\_

Date Approved: \_\_\_\_\_