



# NATSIPA

**National Aboriginal & Torres Strait  
Islander Postgraduate Association**

## **ADULT MEMBERSHIP (ABORIGINAL AND OR TORRES STRAIT ISLANDER POSTGRADUATE STUDENT) APPLICATION**

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

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

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

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

I hereby confirmed that I the above named applicant identify as an:

Aboriginal person  Torres Strait Islander person  Aboriginal and Torres Strait Islander person

Torres Strait Islander Tribe/Clan (if known): \_\_\_\_\_

Aboriginal Tribe/Clan (if known): \_\_\_\_\_

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

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

Postgraduate Award/Degree of Study: \_\_\_\_\_

Cross Institutional enrolment (if appropriate): \_\_\_\_\_

Anticipated graduation date: \_\_\_\_\_

Signature: \_\_\_\_\_

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Please email to: [gensec@natsipa.edu.au](mailto:gensec@natsipa.edu.au)