



# NATSIPA

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

## POSTGRADUATE STUDENT ASSOCIATION APPLICATION

Full Name of Postgraduate Association: \_\_\_\_\_

\_\_\_\_\_

Address of Association: \_\_\_\_\_

\_\_\_\_\_

Primary contact person: \_\_\_\_\_

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

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

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

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

\_\_\_\_\_

\_\_\_\_\_

I understand that this membership has a fee attached, this fee is negotiated with the NATSIPA General Secretary and is paid annually. I agree to the payment of this fee

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

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

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