

NATSIPA

National Aboriginal & Torres Strait
Islander Postgraduate Association

NATSIPA Associate MEMBERSHIP APPLICATION

Full Name of Applicant: _____

Address of Applicant: _____

Contact number: _____

Nationality: _____

NATSIPA Sponsor Name: _____

Signature

Date

Full Name of Institution: _____

Address of Institution: _____

Postgraduate Award/Degree of Study: _____

Cross Institutional enrolment (if appropriate): _____

Date Received: _____

Date Approved: _____

President

President

Secretary

Treasurer

Please email to indigenous@capa.edu.au