

Update your NATSIHWA membership details

Please complete in block letters

Once completed send to Shayne Stronach at membership@natsihwa.org.au

All Details will remain private and confidential, used for membership purposes only.

Full Name:	
Job Title:	
Work Email Address:	
Personal Email Address:	
Mobile:	
Residential Postal Address:	
How do you identify?	Aboriginal Torres Strait Islander Aboriginal & Torres Strait Islander
Who do you work for?	
Highest HW/HP Qualification? (Full Member/Student)	
Qualification on file? (Full Member/Student)	Yes No Unsure



NATSIHWA
National Aboriginal and Torres Strait
Islander Health Worker Association