

Update your NAATSIHWP membership details

Please complete in BLOCK LETTERS

Once completed, send to Shayne Stronach at membership@naatsihwp.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 No:

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)

.....

Qualification on file? (Full Member)

Yes

No

Unsure



A Registered Charity with ACNC