



MEMBERSHIP APPLICATION		
APPLICANT INFORMATION		
Name:		
Surname	Given name(s)	
Current address:		
City:	State:	Postcode:
CONTACT DETAILS		
Email address:		
Work/Home phone:	Mobile:	
NAME OF STATE BASED PLHIV ORGANISATION		
AGREEMENT AND SIGNATURES		
<p>I, _____ the above mentioned apply to become a member of Positive Aboriginal and Torres Strait Islander Network (PATSIN) and associate member of National Association of People With HIV-Australia (NAPWHA).</p> <p>I AGREE TO ALL TERMS AND CONDITIONS OF MEMBERSHIP AS DIRECTED BY PATSIN</p>		
Signature of applicant:	Date:	

When completed please forward to: PATSIN Committee, NAPWHA PO Box 917 Newtown NSW 2042

Or email patsin.committee@napwha.org.au