

## Ngāti Kahungunu Membership Registration Form

E ngamana, e ngareo, e ngaraurangatira ma, Ngatukemata nui o Kahungunu, Tihei Mauri ora!

This registration form is to help the Ngāti Kahungunu compile a register of the descendents of Kahungunu, and to identify other Maori people who customarily reside within the Ngāti Kahungunu rohe.

	Why Register?					
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9	To participate in Iwi el-	ections as a candidate or	voter (must be 18 years o	or older)		
Þ	To be involved in shap	oing lwi direction.				
þ	To access beneficiary the Board may determ		nsorship, scholarship, and	d other assistance		
þ	To assist the lwi in communicating with you.					
9	To build the lwi whaka	ipapa database.				
	Membership clas	55 <b>6</b> 5				
þ	As a Maori you are eli- of membership you ar		e following categories. Ple	ase tick the category		
	Tangata When	nua Member - where you	whakapapa to a Hapu/Mara	ee in Nigāti Kahungunu.		
	☐ Ngã Mã tã Wak	a Member - where yo Kahungui	u are of another lwi but re nu rohe.	side in the Ngāti		
	Privacy of inform	antian				
	Privacy of inform	lation				
þ			he terms of the Privacy Ac wi Incorporated and the re			
ę	A person may only ac	cess their own personal is	nformation.			
	For more info					
ſ	For more into					
5			e, phone (06) 8762718 or	0800 524 864 if		
		lay calling area. Email po O. Box 2406 HASTINGS	uroki@kahungunu.lwi.nz. . Fax (06) 876 4807.			
	Office Use Only					
	Confirmed By:	Date Received:	Date Verified:	Date Loaded:		
		•				

Your Whakapapa	Please complete this chart showin	wing your Ngát Kahungunu Whakapapa.	sapa.		
Your Details		Your Parents	Your Grandparents	Your GreatGrandparents	
Festuaria	٤			Full Name	
- Constant	#3 T	Your Mother	(Full Name		
	Erné				
Gender Main / Fensile Phone circle one	ore.			- Curionina	
Beth Place Beth Date	Who solls or talents do you have tracmay benefit the left?	No.			
Full Postal Autoness	No.	Marao	(Full Name	Fullkame	
Street	Store	7			
Subst	Subm			Full Name	
6 6	County				
Test if some residential address				Fullkame	
County State of the last		Service Control	(Full Name		
I Dall Cillidian				~	
If you have children under 18 years, pleases register from hom. If you have more distinct, please attach their	Bith Site / /			PullName	
details to this form.	Conar Washinste	nden			
Flost Name	Frest dame				
Surrans	Summe	Mane	7	- runwing	
Beth Date / /	Birth John / /		(Pull Name		
Gender Mole Ferrale	Genzer Moin/Formile	- M		)	
Flot Name	Flor terro			FullName	
Surrama	Summe	Verification of Whakapapa by Marasillapu representative	Mapu representative		
Beth Date / /	Beth Date / /				
Gender MoleFornale	Genor Meis Ferrale	Print Name	20200	Date _/_/	
Talwhenus or Taura Here	ra Here Which Tawhenus or Tsura He	a New do you with to participate through? Please tick ose	se lick ose.		
□ Wairoa	Whanganui a Grotu	Herotaumga Tamatua Obashingo (Control Howko's Bay)	Temaki Mel a Rua	☐ Weinerapa Whansi	
Te Raki Tamaki Maker (Auchterd and North)	u Rau Tre Upoke O Te kar (Wellington and regions)	O Ou		of Planty) Nga Mata Waka	
I believe that the information provided	Han provided Signature of Applicant	atesate	Private Notice Option		
have attached a copy of the required birth date verification documentation		Tok the helbst pa	a box if you winth to receive private not apen so that you may sole on alector if of settlement guids. The major will b	Tick the low flyou with to receive private robon whething to general meetings and posted helike papers so that you may sole on elections, constitutional associates to, convention or disposal of petitement gards. The radio will be sent to the address provided on this form,	
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Date. J.