

TE KAWERAU IWI TRIBAL AUTHORITY

Membership Registration Form

This registration form is to help Te Kawerau Iwi Tribal Authority compile a register of the descendants of Te Kawerau a Maki.

Why Register?

- To participate in Iwi elections as a candidate or voter (must be 18 years or older)
- To be involved in shaping Iwi direction
- To access beneficiary entitlements such as sponsorship, scholarship, and other assistance the Te Kawerau Iwi Tribal Authority may determine
- To assist the Iwi in communicating with you
- To build the Iwi whakapapa database

Privacy of Information

- The information supplied is confidential within the terms of the Privacy Act 1993, and for the lawful use by the Te Kawerau Iwi Tribal Authority
- A person may only access their own personal information

Your Details

Mr Mrs Miss Ms

First Name(s):

Surnames:

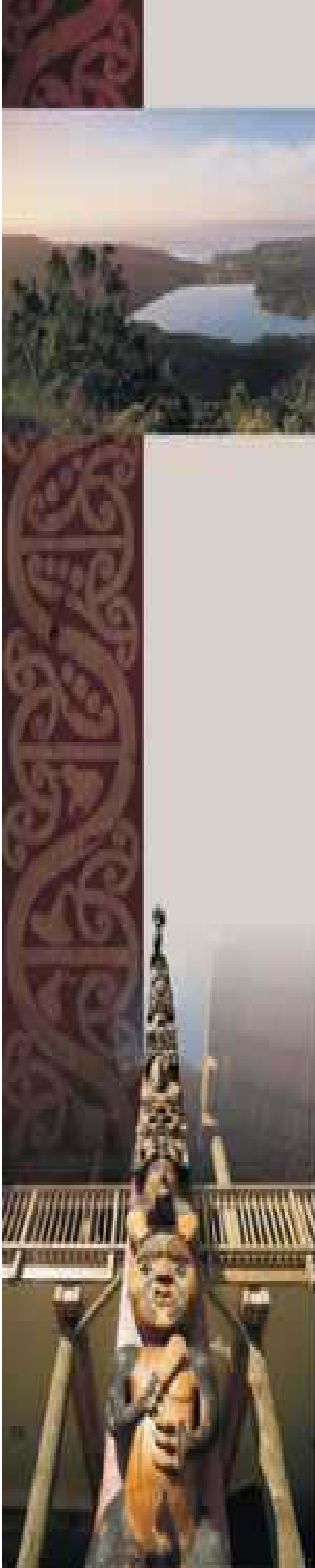
Other Name(s):

Gender: Male / Female

Date of Birth: ____ / ____ / ____

Home Address:

Postal Address (if different from above):



Your Details

Home Phone: _____

Fax: _____

Work Phone: _____

Mobile: _____

Email: _____

Your Children

If any of your children are over 18, please have them complete a separate registration form.

Name	Adopted /Whangai	DoB	Gender	Address

Please use a separate sheet for additional children

Your Whakapapa Details

Please complete details pertaining to your Te Kawerau a Maki whakapapa only.

Parents

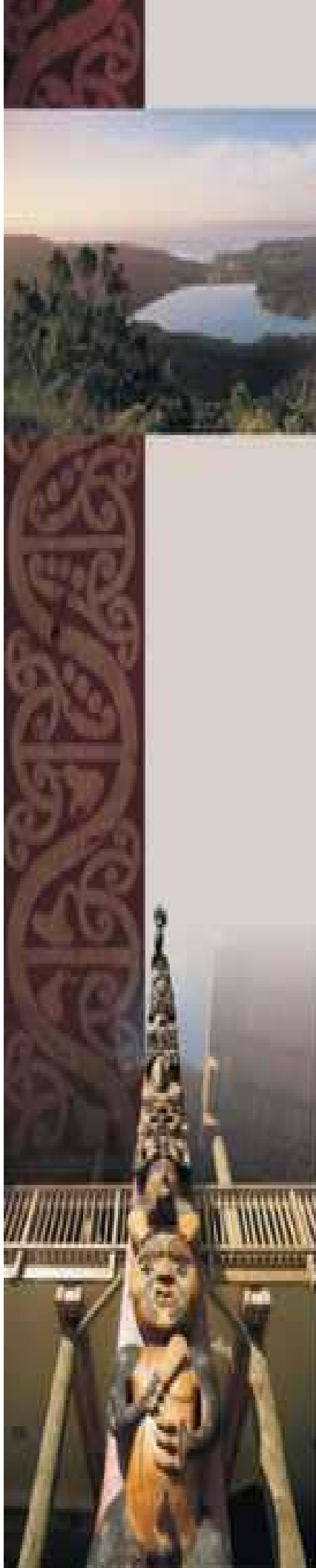
Father: _____

Fathers Tupuna is/are: _____

Mother: _____

Mothers Tupuna is/are: _____

Mothers maiden name: _____



Your Tupuna

I am a descendant of at least two of the following people: (Please tick **all** applicable boxes)

- Tawhia ki te Rangi (also known as Te Kawerau a Maki)
- Mana
- Te Au o Te Whenua
- Kowhatu ki te Uru

I declare that the information given in this application is true and correct. Pursuant to the Privacy Act 1993, the information will be used at the discretion of the Te Kawerau Iwi Tribal Authority.

If you wish your information to be confidential indicate by ticking here

SIGNATURE _____

NAME _____

DATE _____

Note: Te Kawerau Iwi Tribal Authority reserves the right to decline membership registrations.

Office Use Only

Endorsement by Te Kawerau Iwi Tribal Authority Trustee

As a Trustee I confirm that the above named is a Tribal Member of Te Kawerau a Maki and endorse inclusion on the Te Kawerau Iwi Tribal Authority Roll.

SIGNATURE _____

NAME _____

DATE _____

Date Received:

Date Verified:

Date Loaded:

For More Information

Registrations
Te Kawerau Iwi Tribal Authority
517 Oruarangi Road
Mangere
NEW ZEALAND

Phone: 021 0269 4262
Email: admin@tekawerau.iwi.nz
Website: www.tekawerau.iwi.nz