

REGISTRATION APPLICATION FORM

Please return completed and signed application form to:

16 Mangakāhia Road, PO Box 263 Kaikohe 0440 Northland New Zealand

Phone: 09 401 5530 or 0800 NGAPUHI (0800 642784) or Email: registrations@ngapuhi.org

WHO CAN REGISTER?	WHY REGISTER?
<ul style="list-style-type: none"> To be eligible to register you must be a descendant of a Ngāpuhi tūpuna and Ngāpuhi member who affiliates to any marae or hapū within Te Whare Tapu o Ngāpuhi, or Whāngai on their own behalf or by their legal Ngāpuhi guardian. <p>Ngāpuhi under 18 years are encouraged to register. Parents or guardians can sign on behalf of minors.</p>	<ul style="list-style-type: none"> To be notified of important issues and decisions affecting Ngāpuhi To receive information of benefits that you may be entitled to e.g. <ul style="list-style-type: none"> Education Grants Scholarships Discretionary and Sponsorship Funding To have a say. Ngāpuhi 18 years+ can vote on Ngāpuhi matters.

PERSONAL DETAILS	Title:	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms	Member ID:	
	First Names:		Last Name:	
	Alias or Nickname:		Maiden Name:	
	Date of Birth:		Gender:	<input type="checkbox"/> Tāne <input type="checkbox"/> Wāhine
	Spouse Name:		Spouse Iwi:	
	Whāngai:	<input type="checkbox"/> Please tick if you are whāngai		
	Home Address (St):			
	(Suburb):	(City):		
	(Country):	(Post Code):		
	Postal Address (if different from Home Address)			
	(Post Box or Street)			
	(Suburb or RD):	(City):		
	(Country):	(Post Code):		
	Phone:	Mobile:		
	Email:	<input type="checkbox"/> I DO/DO NOT want my email on the mailing list		
Fax:				
Occupation:				
Highest Qual:	Education:			
Te Reo Level:	None <input type="checkbox"/> Beginner <input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced <input type="checkbox"/> Fluent <input type="checkbox"/>			

TAITAMARIKI DETAILS	If any of your children are over 18 please have them complete a separate Registration Form				
	First Name	Middle Name	Last Name	DOB	M/F
	Registration ID (Office Use Only)				

(Note: You may be required to provide further evidence verifying your affiliation to Ngāpuhi)

NGĀPUHI WHAKAPAPA

Your Father	Grandfather Grandmother	<div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;">Great Grandfather Great Grandmother</div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;">Great Grandfather Great Grandmother</div>
Your Mother	Grandfather Grandmother	<div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;">Great Grandfather Great Grandmother</div> <div style="border: 1px solid black; padding: 5px;">Great Grandfather Great Grandmother</div>

NGĀPUHI AFFILIATIONS

Primary Hapū	Primary Marae	Primary Takiwā (choose one only)
		<input type="checkbox"/> Te Takiwā o Ngāpuhi ki Whangārei <input type="checkbox"/> Te Rōpū Takiwā o Mangakāhia <input type="checkbox"/> Ngāpuhi ki te Hauāuru <input type="checkbox"/> Ngāpuhi Hokianga ki te Raki <input type="checkbox"/> Ngā Ngaru o Hokianga <input type="checkbox"/> Taiāmai ki te Marangai <input type="checkbox"/> Te Rūnanga o Taumārere ki Rākaumangamanga <input type="checkbox"/> Te Takiwā o Ngāti Hine <input type="checkbox"/> Te Takiwā o Ngāpuhi ki te Tonga o Tāmaki Makaurau <input type="checkbox"/> Ngāpuhi ki Waitematā

Please note that any vote cast by you for election of Trust Board Trustees will be counted only for the Primary Takiwā you have identified.

PRIVACY NOTICE

Privacy Notice Option

- Tick the box if you **do not** wish to receive information relating to general meetings and postal ballot papers so that you may vote on elections, constitutional amendments, conversion or disposal of settlement quota.
- Tick the box if you **do not agree** for your contact details to be forwarded to your Takiwā for you to stay informed. Please note that any vote cast by you for election of trustees will be counted only for the primary Takiwā you have identified.

DECLARATION

- I hereby declare that the information in this application is true and correct to the best of my knowledge.
- I understand that the information I provide will be used solely for the purpose of Te Rūnanga-Ā-Iwi-Ō-Ngāpuhi Trust Board in developing the register of beneficiaries, a required statutory legislation.
- The board will deal with this personal information in accordance with its obligations under the Privacy Act 1993 and the Privacy Principles stated therein. I will contact the Trust Board should my address or details change in the future.

Signed (Parents or Guardians to sign on behalf of minors)

____/____/____
Date