

Ngāti Kahungunu Membership Registration Form

E ngāmana, e ngāreo, e ngāraurangatira mā Ngātukemata nui o Kahungunu, Tihei Mauri ora!

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

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- To participate in Iwi elections as a candidate or voter (must be 18 years or older and a Tangata Whenua Member).
- To access benefits to members such as the Iwi membership card, sponsorship, scholarship, and other assistance the Board may determine.
- To assist the lwi in communicating with you.
- To build the Iwi whakapapa database.

Membership classes

ategories. Please tick the category	
llowing c	
As a Maori you are eligible to be registered in the for	of membership you are seeking.

Tangata Whenua Member - where you whakapapa to a Hapu/Marae in Ngati Kahungunu.	Ngāti Kahungunu	in the Naāti
Tangata Whenua Member - v	vhere you whakapapa to a Hapū/Marae ir	where you are of another lwi but reside
	Tangata Whenua Member -	Nga Mata Waka Member -

Kahungunu rohe.

Privacy of information

- lawful use by the Boards of Ngāti Kahungunu Iwi Incorporated and the respective Taiwhenua The Information supplied is confidential within the terms of the Privacy Act 1993, and for the and Taura Here
- A person may only access their own personal information.

For more info

Contact Ngāti Kahungunu Iwi Incorporated office, phone (06) 8762718 or 0800 524 864 if outside the Hawke's Bay calling area. Email database@kahungunu.iwi.nz. P.O. Box 2406 HASTINGS 4153.

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	Date Loaded:	
	Date Verified:	
Only	;	
Office Use Only	Date Received:	ر ر

Your Whakapapa Please complete this chart showing your Ngati Kahungunu Whakapapa.					
Your Details	WIII Dootel Address.	Your Parents	Your Grandparents	Your GreatGrandparents	
	full Postal Address:				
Firstname				Full Name	
	Street	Your Mother	Full Name		
	Suburb				
	City			Full Name	
51 (1 5)	Postcode		\bigwedge		
	Country	Hapū			
Birth Date/	Mobile				
Ph	Email	Marae		Full Name	
Fax	Lilian		Full Name)	
T dx	I wish to receive email notices				
	1 Wilding to receive difficult flexices	Iwi		Full Name	
Your Children					
If you have children under 18 years, please regist	ster them here.				
				E II Nove	
	First Name			Full Name	
	Surname Nith But	Your Father	Full Name		
Birth Date M F	Birth Date M F				
				Full Name	
	First Name	Hapū /	/	ノ 1	
	Surname Birth Date M F				
Birth Date MF	Birth Date MF			(Full Norses	
		Marae	<u></u>	Full Name	
	First Name		Full Name)	
	Surname Birth Date M F	lwi			
Biitii Date	BII II Date MI F			Full Name	
	First Name			ノ 1	
	Surname	Verification of Kahungunu Whakapapa by Mar	ae/Hapū representative	_ \	
	Birth Date M F	Print Name		Signature:	
Entit Bate	Billi Bate	Marae			
Taiwhenua or Taura Here	Please tick ONE Taiwhenua or Taura He	ere you wish to participate through.		Miscellaneous	
☐ Wairoa ☐ Te Whanganui-ā-O		Tāmaki-nui-a-F	Rua 🔲 Wairarapa	What skills, talents, contacts, and networks	
(Napier)	(Hastings) (Central H	lawke's Bay) (Tararua)		o you have that may benefit the iwi?	
☐ Northern Taura Here ☐ Southern Taura He	ere 🔲 Ngā Mātā Waka		F	Please use a separate page	
Totaloni ladia fioro C obditioni ladia fie	- Iga mata Tuna				
I believe that the information provided on thi	nis registration is correct, and I have attached		n documentation.		
Signature:		ate Notice Option	a managal manakhawa awak wasak 1971	lat manage as that you recovered and the C	
	constitution	pox if you wish to receive private notice relating to onal amendments, conversion or disposal of sett	o general meetings and postal bal lement quota. The notice will be s	iot papers so that you may vote on elections, ent to the address provided on this form	