

NGĀTI REHUA NGĀTIWAI KI AOTEA TRUST

MEMBERSHIP REGISTRATION FORM



Completed membership registration forms should either be returned by post to:
Membership Registration, Ngāti Rehua Ngātiwai ki Aotea Trust, c/- Election Services, PO Box 5135,
Victoria Street West, Auckland 1142 or emailed to: ngatirehua@electionservices.co.nz

1. YOUR PERSONAL DETAILS

Surname: _____ First Names: _____
Maiden name (if applicable): _____ Gender (please tick): Male Female
Postal Address: _____
Date of Birth: _____ Relationship status: _____
Telephone: _____ Mobile: _____
Email: _____
Preferred communication method: Postal Phone Email Other: _____

2. YOUR SPOUSE/PARTNER'S DETAILS

Surname: _____ First Names: _____
Maiden name (if applicable): _____ Gender (please tick): Male Female
Date of Birth: _____ Iwi (if applicable): _____

3. YOUR CHILDREN/DEPENDANTS (under the age of 18 years)

Surname: _____ First Names: _____
Date of Birth: _____ Gender (please tick): Male Female
Relationship to me: _____

Surname: _____ First Names: _____
Date of Birth: _____ Gender (please tick): Male Female
Relationship to me: _____

Surname: _____ First Names: _____
Date of Birth: _____ Gender (please tick): Male Female
Relationship to me: _____

Surname: _____ First Names: _____
Date of Birth: _____ Gender (please tick): Male Female
Relationship to me: _____

Surname: _____

Date of Birth: _____

Relationship to me: _____

Surname: _____

Date of Birth: _____

Relationship to me: _____

Surname: _____

Date of Birth: _____

Relationship to me: _____

Surname: _____

Date of Birth: _____

Relationship to me: _____

Surname: _____

Date of Birth: _____

Relationship to me: _____

First Names: _____

Gender (please tick): Male Female

First Names: _____

Gender (please tick): Male Female

First Names: _____

Gender (please tick): Male Female

First Names: _____

Gender (please tick): Male Female

First Names: _____

Gender (please tick): Male Female

Please continue on a separate page if necessary

4. DECLARATION

In accordance with the provisions of the Privacy Act 1993, any information received herein, will be held by Ngāti Rehua Ngātiwai ki Aotea Trust or their respective successors, and will not be made available to any other parties without your consent.

YES – I give my consent

NO – I do not give my consent

Signature _____

Date _____

OFFICE USE ONLY	
Date Received:	
Whakapapa checked by:	
Date validated:	
Date entered into Database:	
Registration Number:	

5. YOUR WHAKAPAPA

To be eligible to register with the Ngāti Rehua Ngātiwai ki Aotea Trust, you must be able to whakapapa to Ranginui, or Rehua, or Te Awe.

The Combined Kaumatua Validation Committee will make a decision to either accept your registration, ask you for more information or decline your application.

Please complete the relevant whakapapa that validates your link to Ngāti Rehua.

