

# MEMBERSHIP REGISTRATION FORM

NGĀTI TŪWHARETOA FISHERIES CHARITABLE TRUST



The Ngāti Tūwharetoa Fisheries Charitable Trust is mandated to represent Ngāti Tūwharetoa Fisheries interests. This registration form will enable the Trust to compile a register of Ngāti Tūwharetoa Members pursuant to the Maori Fisheries Act 2004.

## WHO CAN REGISTER?

- Adult members (18 years or over) of the Iwi who can Whakapapa to a hapu of Ngāti Tūwharetoa.
- Adult members may also register their children who are under the age of 18 years.

## WHY REGISTER?

- To participate in the election of Trustees and of Hapu representatives.
- To ensure you have the right to vote on important kaupapa.
- To access beneficial distributions.
- To enable the Trust to communicate with you.

## COMPLETING THE FORM

- Please complete all sections of this registration form to the best of your knowledge.
- All applications will be validated by a member of the Kaumatua Committee appointed in the region to which the applicant affiliates.
- Where an application for registration is declined, the applicant may seek a review of that decision by the full Kaumatua committee.

## PRIVACY OF INFORMATION

- The information supplied for registration is confidential and is held pursuant to the Privacy Act 1993.
- An Iwi member may access their own information held by the Trust.

## CONTACT US

For more information contact the office:

PO Box 126, 63 Waikato Street, Taupo.

**P** 07377 3176 or 0800 683 474 (outside local calling area)

**E** info@ntf.maori.nz

**W** www.ntf.maori.nz



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## REGISTRATION DETAILS:

First Name/s: ..... Surname: .....

Postal Address: ..... Postcode: .....

Residential Address (if different from postal address): .....

.....

Phone: ..... Mobile: ..... Email: .....

Birth date: ..... Gender (please circle one): *Wahine* *Tane*

## YOUR NGATI TUWHARETOA PARENTS AND GRANDPARENTS:

### Your Mothers Whakapapa Only:

Hapu: ..... Marae: .....

MOTHER	MOTHER'S MOTHER	▶	MOTHER'S GRANDMOTHER	+	MOTHER'S GRANDFATHER
	MOTHER'S FATHER	▶	MOTHER'S GRANDMOTHER	+	MOTHER'S GRANDFATHER

### Your Fathers Whakapapa Only:

Your father's name/s: ..... Birth date (if known): .....

Hapu: ..... Marae: .....

FATHER	FATHER'S MOTHER	▶	FATHER'S GRANDMOTHER	+	FATHER'S GRANDFATHER
	FATHER'S FATHER	▶	FATHER'S GRANDMOTHER	+	FATHER'S GRANDFATHER

## YOUR CHILDREN - IF YOU HAVE CHILDREN UNDER 18 YEARS, PLEASE REGISTER THEM HERE:

FIRST NAME	FIRST NAME	FIRST NAME	FIRST NAME	FIRST NAME					
SURNAME	SURNAME	SURNAME	SURNAME	SURNAME					
BIRTH DATE	BIRTH DATE	BIRTH DATE	BIRTH DATE	BIRTH DATE					
WAHINE	TANE	WAHINE	TANE	WAHINE	TANE	WAHINE	TANE	WAHINE	TANE
<i>(Please circle Gender)</i>		<i>(Please circle Gender)</i>		<i>(Please circle Gender)</i>		<i>(Please circle Gender)</i>		<i>(Please circle Gender)</i>	

## WHAT HAPU AND/OR MARAE DO YOU WISH TO PARTICIPATE THROUGH?

Hapu: ..... Marae: .....

Signature of Applicant: ..... Date: .....

Do you wish to be privately notified by Post of Annual General Meetings of the Committee? Yes No

