

# Te Runanga o Ngati Tama

## REGISTRATION FORM

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### APPLICANT DETAILS

SURNAME: \_\_\_\_\_

FIRST NAME(S): \_\_\_\_\_

MAIDEN NAME: \_\_\_\_\_ *Please tick if you are Whangai*

DATE OF BIRTH:    /    /

MALE / FEMALE  
(circle one)

OCCUPATION: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
(Residential)

ADDRESS: \_\_\_\_\_  
(Postal if different from above)

PHONE: \_\_\_\_\_

WORK: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

MOBILE: \_\_\_\_\_

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### DECLARATION

I hereby declare that the information I have given to be true and correct. The information supplied is confidential within the terms of the Privacy Act 1993 and for the lawful use by the Te Runanga o Ngati Tama. An Adult Registered Member may view their personal details held on the Members' Register and the registration details of any child or dependents under 18 years of age whom they have registered.

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

### OFFICE USE ONLY

#### ENDORSEMENT BY MEMBERSHIP COMMITTEE:

I confirm that the person named above has affiliations with Ngati Tama and endorse the inclusion of their name on the Members' Register

NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

## DETAILS OF TAMARIKI:

If you are 18 years or older you must submit your own application form and this will entitle you to participate in the voting and decision making. If you are under 18 years of age, your parent(s) or guardians can register you on their application form – voting rights only apply to those members 18 years or older.

First Name	Middle Name	Last Name	Date of Birth	M/F	Membership Registration No. <i>(office use only)</i>
			/ /		
			/ /		
			/ /		
			/ /		
			/ /		
			/ /		

*Please continue on a separate sheet if necessary*

**PRIVATE NOTICES:** Please tick the box if you wish to receive private notices (to the address provided on this application form) advising you of general meetings and postal ballots for elections, changes to the constitution and the disposal or sale of fisheries settlement assets.

Please tick the box if you consider Ngati Tama to be your primary iwi.

**Please list other iwi/hapu that you whakapapa to:**


### OFFICE USE ONLY

**REGISTRATION NUMBER ALLOCATED:** \_\_\_\_\_

**Witnessed By:** \_\_\_\_\_ **Dated:** \_\_\_\_\_

**FILLING OUT THIS FORM**

Please complete all sections of this registration form to the best of your knowledge.

**WHO CAN REGISTER?**

- Adult members that whakapapa to Ngati Tama ki Taranaki
- Whangai on their own behalf or by their legal guardian.

**WHY REGISTRAR?**

- To participate in the election of Trustees to the Te Runanga o Ngati Tama Trust.
- To help set the future direction.
- To access entitlements such as scholarships and other assistance the Board may determine from time to time.
- To assist the Board to communicate with you
- To assist to build the iwi database.

**VERIFICATION OF MEMBERSHIP**

A copy of this application will be forwarded to the Membership Committee for verification.

Applications from Whangai are accepted and will also be forwarded to the Membership Committee for verification.

You may be asked to provide further information in support of your application. Confirmation of your membership will be sent to you, with your registration number.

Where an application for registration is declined the applicant has the right to seek a review. Contact the Runanga Office for more information.

***Please send signed and completed forms to:***

Te Runanga o Ngati Tama  
PO Box 143  
Waitara  
4346

