

# Ngai Tāmanuhiri Iwi Member Registration Form

## Personal Information

Title:  Mr / Mrs / Miss / Ms

First Name:

Middle Name:

Last Name:

Maiden Name:

Are you known by any other name?

Gender:  Male / Female / Transgender

Birthdate (dd/mm/yyyy format):

Adopted?

## Contact Information

Preferred Contact Method:  Phone / Mobile / Email / Mail

Phone:

Mobile:

Email:

## Address Information

Postal Address Street:

Postal Address Suburb:

Postal Address City:

Postal Address Post Code:

Postal Address Country:

Is Physical Address the same as Postal Address?

Physical Address Street:

Physical Address Suburb:

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Physical Address City:

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Physical Address Post Code:

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Physical Address Country:

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**Whakapapa** - Please list all children including those who are no longer living at your address. Those who are 18 years and over must complete their own registration form to meet the statutory requirements of the Trust.

**Great Grandfather**  
First Name:  
Last Name:

**Great Grandmother**  
First Name:  
Last Name:

**Great Grandfather**  
First Name:  
Last Name:

**Great Grandmother**  
First Name:  
Last Name:

**Great Grandfather**  
First Name:  
Last Name:

**Great Grandmother**  
First Name:  
Last Name:

**Great Grandfather**  
First Name:  
Last Name:

**Great Grandmother**  
First Name:  
Last Name:

**Grandfather**  
First Name:  
Last Name:

**Grandmother**  
First Name:  
Last Name:

**Grandfather**  
First Name:  
Last Name:

**Grandmother**  
First Name:  
Last Name:

**Father**  
First Name:  
Last Name:

**Mother**  
First Name:  
Last Name:

**ME**

**Child**  
First Name:  
Last Name:

**Child**  
First Name:  
Last Name:

**Child**  
First Name:  
Last Name:

**Child**  
First Name:  
Last Name:

**Child**  
First Name:  
Last Name:

**Child**  
First Name:  
Last Name:

## Iwi Information

Hapū:

Ngāti Kahutia	<input type="checkbox"/>
Ngāti Rangitauwhiwhia	<input type="checkbox"/>
Ngāti Rangiwaho	<input type="checkbox"/>
Ngāti Rangiwaho Matua	<input type="checkbox"/>
Ngai Tāwehi	<input type="checkbox"/>

Other Iwi Affiliations:

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## Whanau Information

Marital Status:

Single / Married / Separated /  
De Facto / Civil Union / Widowed

Spouse First Name:

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Spouse Middle Name:

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Spouse Last Name:

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Spouse Birthdate:

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Spouse Iwi:

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## Additional Information

Employer:

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Your Role:

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Sector:

Accommodation	<input type="checkbox"/>	Manufacturing and production	<input type="checkbox"/>
Agriculture	<input type="checkbox"/>	Maori Development	<input type="checkbox"/>
Banking, insurance, and finance	<input type="checkbox"/>	Mining	<input type="checkbox"/>
Community	<input type="checkbox"/>	Retail Trade	<input type="checkbox"/>
Construction	<input type="checkbox"/>	Science and biotechnology	<input type="checkbox"/>
Fisheries	<input type="checkbox"/>	Transport	<input type="checkbox"/>
Forestry	<input type="checkbox"/>	Wholesale Trade	<input type="checkbox"/>
Health	<input type="checkbox"/>		
Information technology and communication	<input type="checkbox"/>		

Area of Speciality:

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Academic Achievements:

Level 1 Certificate	<input type="checkbox"/>	Practical Application	<input type="checkbox"/>
Level 2 Certificate	<input type="checkbox"/>	Bachelor Degree & Level 7	<input type="checkbox"/>
Level 3 Certificate		Qualification	
Level 4 Certificate	<input type="checkbox"/>	Postgraduate and Honours Degrees	<input type="checkbox"/>
Level 5 Diploma	<input type="checkbox"/>	Master's Degree	<input type="checkbox"/>
Level 6 Diploma	<input type="checkbox"/>	Doctorate Degree	<input type="checkbox"/>
Apprenticeship	<input type="checkbox"/>	No Qualification	<input type="checkbox"/>
On-job Training	<input type="checkbox"/>	Ongoing	<input type="checkbox"/>

Description:

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Please indicate if you would like to be involved in any current or future Iwi projects

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**Declaration**

I declare all the information contained on this Registration Form to be true and correct.

I consent to the Ngai Tāmanuhiri Whānui Trust sharing my personal information with affiliated parties.

*Ngai Tāmanuhiri Whānui Trust, in accordance with the provisions of the Privacy Act 1993, will make available to you upon request the personal information it holds on you and will make any appropriate corrections to that information to ensure that the information held is accurate.*