Ngāti Kahungunu
Membership Registration Form

Engā mana, e ngā reo, e ngā raurangatira mā,
Ngā tikemata nui o Kahungunu, Tihei Mauri ora!

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

Why Register?

- To participate in Iwi elections as a candidate or voter (must be 18 years or older)
- To be involved in shaping Iwi direction.
- To access beneficiary entitlements such as sponsorship, scholarship, and other assistance the Board may determine.
- To assist the Iwi in communicating with you.
- To build the Iwi whakapapa database.

Membership classes

- As a Maori you are eligible to be registered in the following categories. Please tick the category of membership you are seeking.
  - Tangata Whenua Member - where you whakapapa to a Hapu/Marae in Ngāti Kahungunu.
  - Ngā Mātā Waka Member - where you are of another Iwi but reside in the Ngāti Kahungunu rohe.

Privacy of information

- The information supplied is confidential within the terms of the Privacy Act 1993, and for the lawful use by the Boards of Ngāti Kahungunu Iwi Incorporated and the respective Taikōwhenua.
- 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 pouroki@kahungunu.iwi.nz. P.O. Box 2406 HASTINGS. Fax (06) 876 4807.

Office Use Only

| Confirmed By: | Date Received: | Date Verified: | Date Loaded: |
Please complete this chart showing your Ngāti Kahu whakapapa.

<table>
<thead>
<tr>
<th>Your Great Grandparents</th>
<th>Your Grandparents</th>
<th>Your Parents</th>
<th>Your Whakapapa</th>
</tr>
</thead>
<tbody>
<tr>
<td>Full Name</td>
<td>Full Name</td>
<td>Father</td>
<td>Full Name</td>
</tr>
<tr>
<td>Date</td>
<td>Full Name</td>
<td>Mother</td>
<td>First Name</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

For Your Children, please provide:

- First Name
- Birth Date
- Gender

Signature of Applicant:

Date:

I believe that the information provided on this registration is accurate, until I have reason to believe otherwise.