



TE KAWERAU Ā MAKI

TE KAWERAU IWI SETTLEMENT TRUST MEMBERSHIP REGISTRATION FORM

Registrations
Te Kawerau Iwi Settlement Trust
Email: admin@tekawerau.iwi.nz
Website: www.tekawerau.iwi.nz
PO Box 104198
Lincoln North 0610
AUCKLAND

REGISTRATION CRITERIA

You are eligible to register as a member of Te Kawerau ā Maki if you can whakapapa (either by birth, adoption or whangai) to two or more of the following persons:

- Tawhiakiterangi
- Mana
- Te Au o Te Whenua
- Kowhatu ki te Uru
- Te Tuiau

This Membership Registration Form must be signed and dated by the Applicant's parent, grandparent or guardian if they are under 18 years of age. If signed by a guardian, they must provide proof of guardianship e.g. court or will appointed documents. The onus for inclusion on the membership register is on the Applicant and not the Trust. Te Kawerau Iwi Settlement Trust reserves the right to decline membership registrations.

Registrations must be submitted to:

Registrations
Te Kawerau Iwi Settlement Trust
Email: admin@tekawerau.iwi.nz Website: www.tekawerau.iwi.nz
PO Box 104198
Lincoln North 0610
AUCKLAND

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 Te Kawerau Iwi Settlement Trust may determine
- To assist the Iwi in communicating with you
- To build the Iwi whakapapa database

PRIVACY STATEMENT

The information supplied is confidential within the terms of the Privacy Act 1993, and for the lawful use by the Te Kawerau Iwi Settlement Trust. We collect your personal information in order to:

- Register and maintain a database of iwi beneficiaries
- Communicate with whānau and uri o Te Kawerau ā Maki
- Collect demographic data to better inform our mahi

Besides our internal staff, we share this information with:

- Elections services in order to hold iwi elections and other voting during annual general meetings/special general meetings.

You have the right to ask for a copy of any personal information we hold about you, and to ask for it to be corrected if you think it is wrong. If you would like to ask for a copy of your information, or to have it corrected, please contact us at admin@tekawerau.iwi.nz.

YOUR DETAILS

FIRST NAMES		SURNAME		OTHER NAMES	
DATE OF BIRTH	GENDER <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other		STREET ADDRESS		
SUBURB		TOWN/CITY	COUNTRY	POST CODE	HOME <input type="checkbox"/> Owned <input type="checkbox"/> Renting
PHONE	EMAIL				
OCCUPATION		EMPLOYMENT <input type="checkbox"/> Employed <input type="checkbox"/> Self-Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Homeperson <input type="checkbox"/> Retired <input type="checkbox"/> Student			

YOUR CHILDREN

DEPENDANTS UNDER THE AGE OF 18 YEARS					OFFICE USE ONLY
FIRST NAMES	SURNAME	DOB	GENDER	RELATIONSHIP <input type="checkbox"/> Birth <input type="checkbox"/> Adopted <input type="checkbox"/> Whangai	REG. ID
FIRST NAMES	SURNAME	DOB	GENDER	RELATIONSHIP <input type="checkbox"/> Birth <input type="checkbox"/> Adopted <input type="checkbox"/> Whangai	REG. ID
FIRST NAMES	SURNAME	DOB	GENDER	RELATIONSHIP <input type="checkbox"/> Birth <input type="checkbox"/> Adopted <input type="checkbox"/> Whangai	REG. ID
FIRST NAMES	SURNAME	DOB	GENDER	RELATIONSHIP <input type="checkbox"/> Birth <input type="checkbox"/> Adopted <input type="checkbox"/> Whangai	REG. ID
FIRST NAMES	SURNAME	DOB	GENDER	RELATIONSHIP <input type="checkbox"/> Birth <input type="checkbox"/> Adopted <input type="checkbox"/> Whangai	REG. ID
FIRST NAMES	SURNAME	DOB	GENDER	RELATIONSHIP <input type="checkbox"/> Birth <input type="checkbox"/> Adopted <input type="checkbox"/> Whangai	REG. ID
FIRST NAMES	SURNAME	DOB	GENDER	RELATIONSHIP <input type="checkbox"/> Birth <input type="checkbox"/> Adopted <input type="checkbox"/> Whangai	REG. ID
FIRST NAMES	SURNAME	DOB	GENDER	RELATIONSHIP <input type="checkbox"/> Birth <input type="checkbox"/> Adopted <input type="checkbox"/> Whangai	REG. ID
FIRST NAMES	SURNAME	DOB	GENDER	RELATIONSHIP <input type="checkbox"/> Birth <input type="checkbox"/> Adopted <input type="checkbox"/> Whangai	REG. ID

If any of your children are over 18 please have them complete a separate registration form.

YOUR WHAKAPAPA

FATHER'S FIRST NAMES	FATHER'S SURNAME
MOTHER'S FIRST NAMES	MOTHER'S MAIDEN SURNAME
I AM A DESCENDANT OF AT LEAST TWO OF THE FOLLOWING PEOPLE: (PLEASE TICK ALL APPLICABLE BOXES)	
<input type="checkbox"/> Tawhiakiterangi <input type="checkbox"/> Mana <input type="checkbox"/> Te Au o Te Whenua <input type="checkbox"/> Kowhatu ki te Uru <input type="checkbox"/> Te Tuiaiu	

Please complete details pertaining to your Te Kawerau ā Maki whakapapa. Please circle those who are of Te Kawerau ā Maki descent.

FATHER

PATERNAL GRANDFATHER	PATERNAL GREAT GRANDFATHER
PATERNAL GRANDMOTHER	PATERNAL GREAT GRANDMOTHER
PATERNAL GRANDMOTHER	PATERNAL GREAT GRANDFATHER
PATERNAL GRANDMOTHER	PATERNAL GREAT GRANDMOTHER

MOTHER

MATERNAL GRANDFATHER	MATERNAL GREAT GRANDFATHER
MATERNAL GRANDMOTHER	MATERNAL GREAT GRANDMOTHER
MATERNAL GRANDMOTHER	MATERNAL GREAT GRANDFATHER
MATERNAL GRANDMOTHER	MATERNAL GREAT GRANDMOTHER

DECLARATION

I declare that the information given in this application is true and correct. I declare that I whakapapa to two or more of the founding tūpuna and am of Te Kawerau ā Maki descent. Pursuant to the Privacy Act 1993, the information will be used at the discretion of the Te Kawerau Iwi Settlement Trust.

Signature:	Date:

OFFICE USE ONLY

ENDORSEMENT BY TE KAWERAU IWI SETTLEMENT TRUST TRUSTEE

As a Trustee I confirm that the above named is a Tribal Member of Te Kawerau ā Maki and endorse inclusion on the Te Kawerau Iwi Settlement Trust Roll (membership database).

DATE RECIEVED	DATE VERIFIED	DATE LOADED	MEMBERSHIP ID NUMBER
Signature:	Trustee Name:	Date:	