

Rēhitatanga Registration

To register with Ngāti Apa ki te Rā Tō Trusts, please complete all sections and return to us by email (office@ngatiapakiterato.iwi.nz) or post (PO Box 708, Blenheim 7240). You can also drop it into our Blenheim office at 78 Seymour Street.

You can also complete your registration online via your MāoriMe account, which you can set up and access on our website – www.ngatiapakiterato.iwi.nz

You will need to enter details related to your Ngāti Apa ki te Rā Tō parent(s), grandparent(s) etc. Please complete your Ngāti Apa whakapapa only. You will also need to select a tipuna from the Tipuna Guide.

The more information you can enter, the easier it will be for our team to validate your whakapapa and enter you on our register.

Please note that adult members aged 18 years and over must register themselves. Tamariki may be registered with their parents, guardian or caregiver. Whāngai may also apply if they are Māori and provide whakapapa of their Ngāti Apa matua/parent.

Incomplete applications will not be processed.

Please note that registration is essential to be eligible for grants and other assistance.

If your details change, please be sure to let us know. It is important we have up-to-date records so we can let you know about events, hui and other activities and opportunities.

Please be assured that Ngāti Apa ki te Rā Tō holds your information in accordance with tikanga and under strict and approved controls in order to protect your privacy. Our Privacy Policy can be viewed on our website.



Application for Membership

APPLICANT DETAILS

Please ensure that all sections are completed in full.

Title: Mr Mrs Miss Ms Master Mx

First name: _____

Middle name(s): _____

Surname: _____

Maiden name (if applicable): _____

Gender: Male Female Gender diverse

Date of birth: _____

Place of birth: _____

Occupation: _____

Home address: _____

Postal address (if different from above): _____

Phone: _____

Cellphone: _____

Email address: _____

TAMARIKI (All tamariki over the age of 18 years must fill in a separate registration form)

First name/s	Middle name/s	Surname	Date of Birth	Whāngai	Gender M F Gd
_____	_____	_____	_____	<input type="radio"/>	<input type="radio"/> <input type="radio"/> <input type="radio"/>
_____	_____	_____	_____	<input type="radio"/>	<input type="radio"/> <input type="radio"/> <input type="radio"/>
_____	_____	_____	_____	<input type="radio"/>	<input type="radio"/> <input type="radio"/> <input type="radio"/>
_____	_____	_____	_____	<input type="radio"/>	<input type="radio"/> <input type="radio"/> <input type="radio"/>
_____	_____	_____	_____	<input type="radio"/>	<input type="radio"/> <input type="radio"/> <input type="radio"/>
_____	_____	_____	_____	<input type="radio"/>	<input type="radio"/> <input type="radio"/> <input type="radio"/>
_____	_____	_____	_____	<input type="radio"/>	<input type="radio"/> <input type="radio"/> <input type="radio"/>
_____	_____	_____	_____	<input type="radio"/>	<input type="radio"/> <input type="radio"/> <input type="radio"/>
_____	_____	_____	_____	<input type="radio"/>	<input type="radio"/> <input type="radio"/> <input type="radio"/>
_____	_____	_____	_____	<input type="radio"/>	<input type="radio"/> <input type="radio"/> <input type="radio"/>

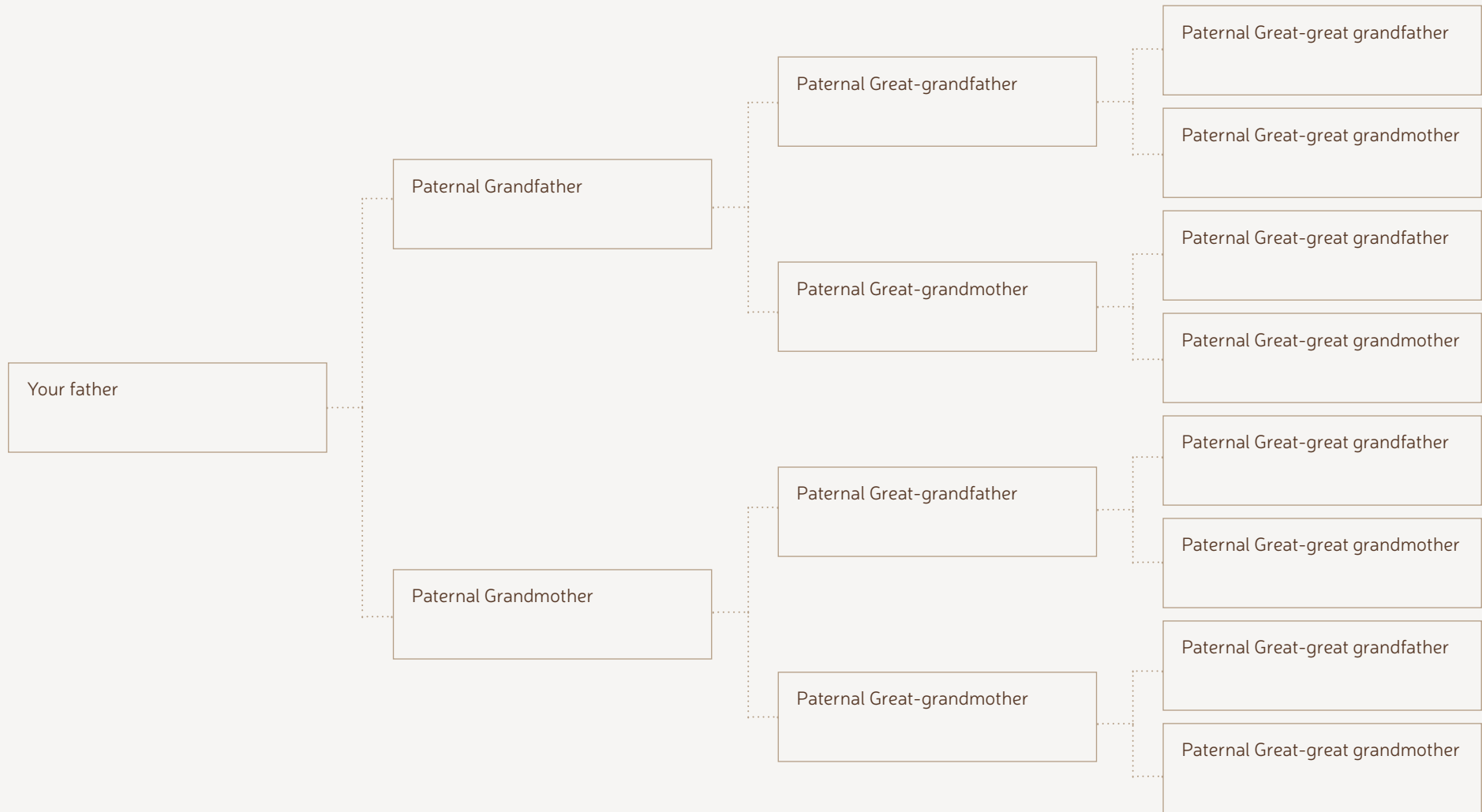
WHAKAPAPA O NGĀTI APA KI TE RĀ TŌ

Ngāti Apa ki te Rā Tō Tipuna

Hapū Affiliation:

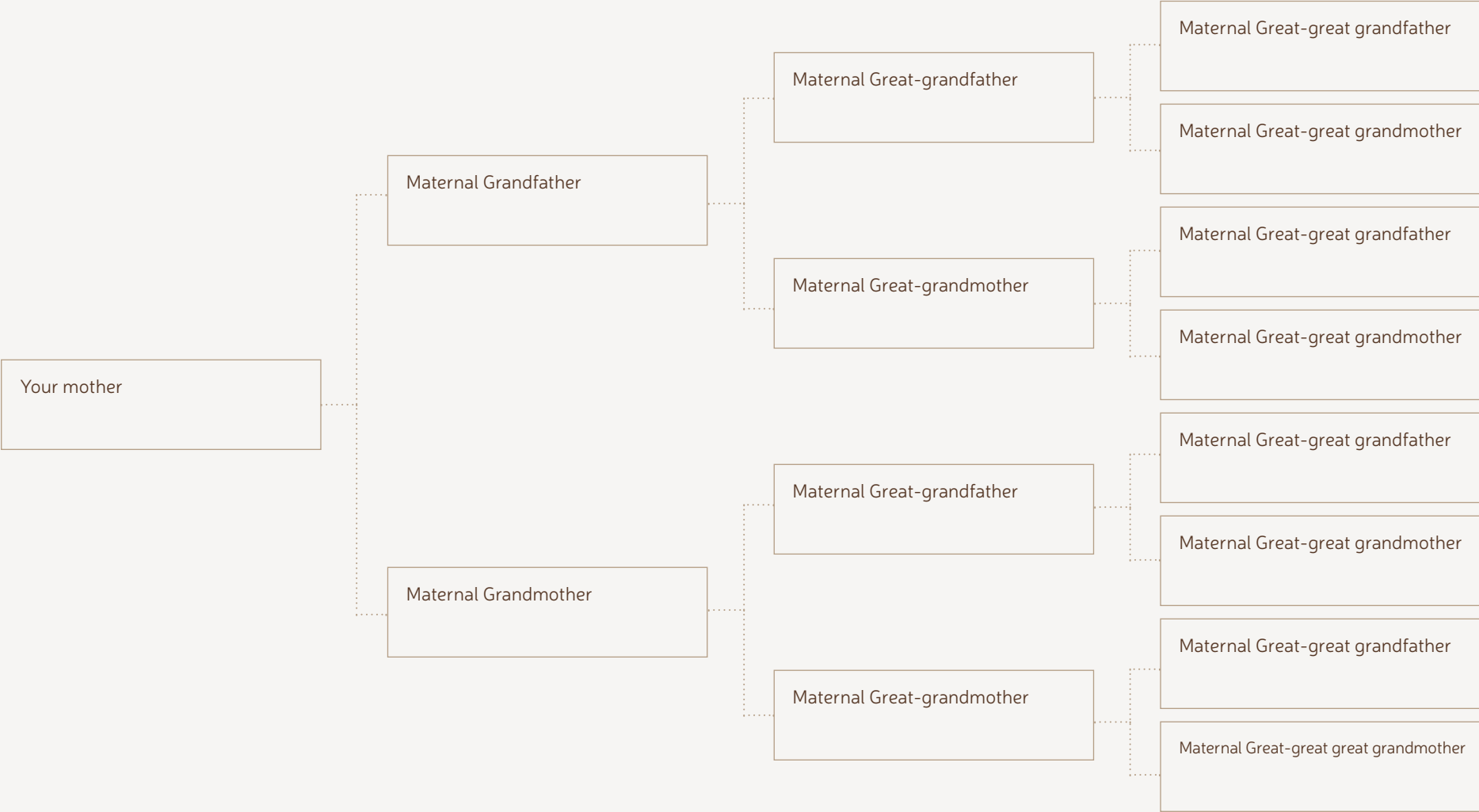
Tarakaipa Hapū

Puaha Te Rangī Hapū



WHAKAPAPA O NGĀTI APA KI TE RĀ TŌ

(continued)



PRIVACY

Ngāti Apa ki te Rā Tō Trusts will in accordance with the provisions of the Privacy Act 2020, make available to you upon request the personal information it holds about you and will make appropriate corrections to that information to ensure that the information held is accurate.

(Please tick as appropriate)

I make this application:

- on my own behalf as an adult Member of Ngāti Apa ki te Rā Tō
- as a parent or legal guardian of a Member of Ngāti Apa ki te Rā Tō who is not an adult
- on my own behalf as a whāngai of an adult Member of Ngāti Apa ki te Rā Tō

PRIVATE NOTICE OPTION

- Tick here if you wish to receive private notice relating to general meetings and postal ballot papers so that you may vote on elections, constitutional amendments and/or the disposal of fisheries or other settlement assets. The notice will be sent to the address provided on this form.
- Tick here if you **do not** wish to receive iwi pānui.
To receive our online pānui Kia Hiwa Rā, please sign up using the link on our website: www.ngatiapakiterato.iwi.nz

DECLARATION

I hereby declare that the information in this application is, to the best of my knowledge, true and correct.

Name: _____

Signed: _____

Please ensure that you inform us of any changes to your postal address, telephone contacts or email address.

