

Te Rūnanga o Ngāti Apa



Registration Form

Te Rūnanga o Ngāti Apa (Te Rūnanga) is using this form to register the people of Ngā Wairiki and Rangitikei descent whose ancestors have historically identified as Ngāti Apa. Any information received will be held by or for Te Rūnanga, certain bodies related to Te Rūnanga or their respective successors. You have certain rights under the Privacy Act 1993 to see and correct personal information which Te Rūnanga or its successor holds about you. The information will be used to enable Te Rūnanga or its successor to identify as many Ngāti Apa Ngā Wairiki individuals as possible, including the marae and hapū to which they affiliate, so that as many individuals as possible are informed of Ngāti Apa Ngā Wairiki matters. The information may also be used to identify those who may take part in any electoral process relating to Ngāti Apa and/or derive any entitlement as Ngāti Apa Ngā Wairiki members in the future. If you require assistance completing this form please contact Te Rūnanga o Ngāti Apa on (06) 327-5594 or 0800 2 APA IWL. Registrations are subject to a verification process involving hapū authorities and may be declined should it be found that incorrect whakapapa claims have been made.

Surname: _____ First Names: _____
Maiden Name: _____ Date of Birth: ____/____/____ Gender: (circle) M or F
Street & No: _____ Home Phone: _____
Suburb: _____ Mobile No. _____
City: _____ Fax No. _____
Country: _____ Email: _____
Occupation: _____
Partners Surname: _____ Partners First Name: _____

Children under 18 years:

Surname	First Names	Gender (circle)	Date of Birth:
_____	_____	M or F	____/____/____
_____	_____	M or F	____/____/____
_____	_____	M or F	____/____/____
_____	_____	M or F	____/____/____

Marae - Tick the box for any marae you affiliate to. If you know your haū, please print next to the appropriate Marae:

Kauangaroa _____
Whangaehu _____
Tiniwaitara _____
Parewanui _____

Which Marae will you vote with? (choose one for voting purposes only): _____

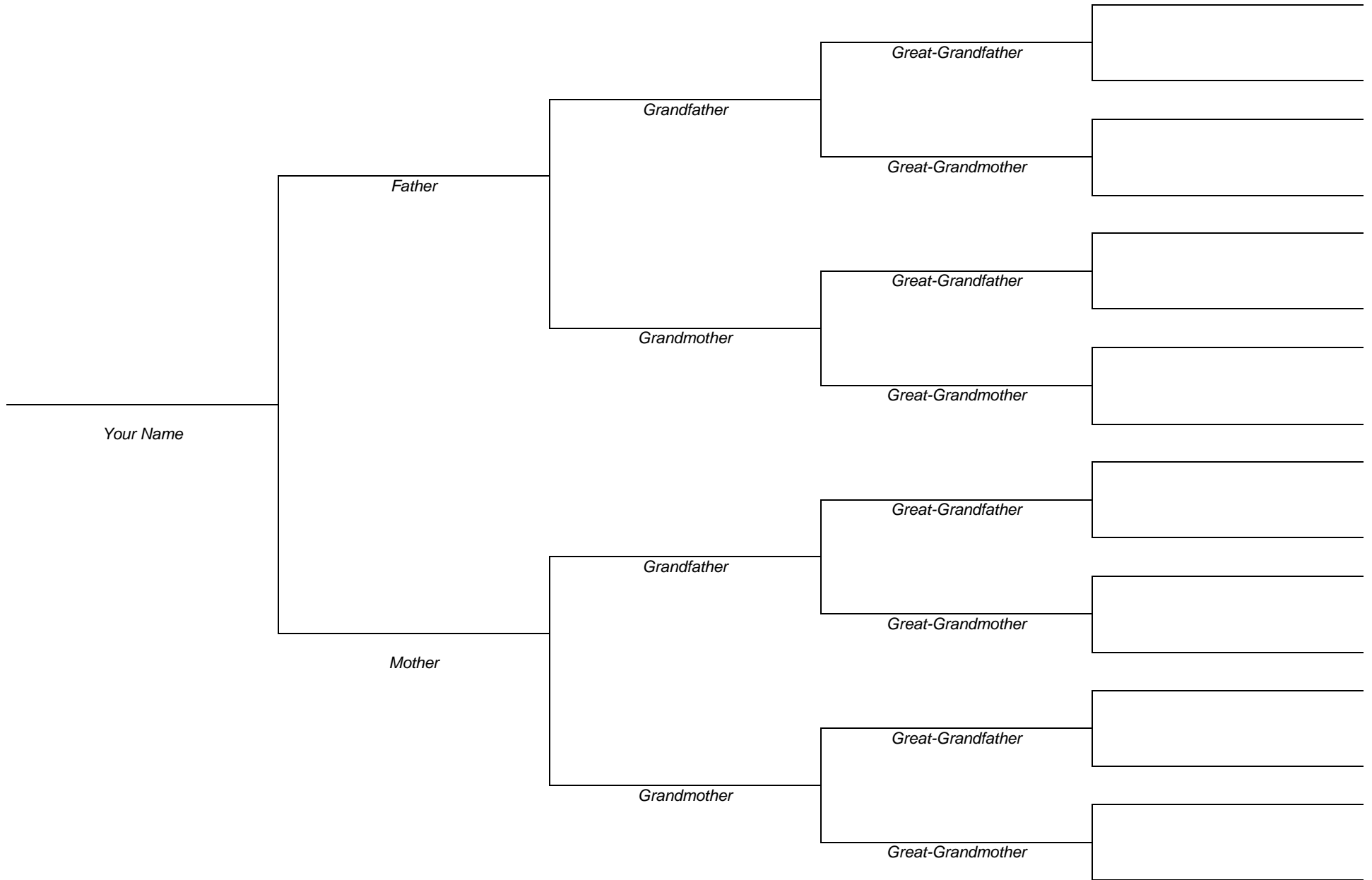
Please complete the whakapapa table contained on the back of this form to help us confirm your affiliation to Ngāti Apa Ngā Wairiki

Declaration: I acknowledge the introduction to this form and consent to the disclosure of my personal information to anybody related to Te Rūnanga o Ngāti Apa or its successor and I declare that the information above and overleaf is correct.

Signature: _____ Today's Date: ____/____/____

Please mail to Te Rūnanga o Ngāti Apa, PO Box 103, Bulls

WHAKAPAPA TABLE



Please show as much of your Ngāti Apa Ngā Wairiki whakapapa as possible. Attach papers if required.