



Te Ātiawa Manawhenua Ki Te Tau Ihu Trust  
 210 Waikawa Road  
 Waikawa Picton 7220  
 PO Box 340 Picton 7250  
 Ph: (03) 5735170  
 Fax: (03) 5735180  
 office@teatiawatrust.co.nz

## APPLICATION FOR MEMBERSHIP

### Applicant's Details

***Please ensure you complete all sections of the application form from pages 1 – 4.***

**Title** (Please circle one):                    **Mr**    **Mrs**    **Miss**    **Ms**

**First Name:** \_\_\_\_\_ **Middle Name(s):** \_\_\_\_\_

**Surname:** \_\_\_\_\_ **Maiden Name:** (If Applicable) \_\_\_\_\_

**Gender:** (Please circle one)    **M**    **F**                    **Date of Birth:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Place of Birth:** \_\_\_\_\_ **Occupation:** \_\_\_\_\_

<b>Full Postal Address:</b>	<b>Residential Address:</b>
_____	_____
_____	_____
_____	_____

**Phone:** \_\_\_\_\_ **Mobile:** \_\_\_\_\_

**Fax:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**For office use only**  
 Application received by Te Atiawa Trust Office on: \_\_\_\_\_

Tupuna Number: \_\_\_\_\_                    Member Registration Number: \_\_\_\_\_

<b>Verification</b>	<b>Signed</b>	<b>Date</b>
Verification by Whakapapa Committee: _____		____ / ____ / ____
Ratified by Board of Trustees:    ____ / ____ / ____	Entered onto database:    ____ / ____ / ____	
Confirmation letter sent to applicant: ____ / ____ / ____	Registration Form Scanned: ____ / ____ / ____	
Registration Process Completed: _____		____ / ____ / ____

**Other Details:** (Optional) Skills, interests and qualifications

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**If you have children under 18 years of age, please register them here:**

**Note:** Children aged 18 years and over must complete their own registration form

**1) First Name:** \_\_\_\_\_ **2) First Name:** \_\_\_\_\_

**Middle Name(s):** \_\_\_\_\_ **Middle Name(s):** \_\_\_\_\_

**Surname:** \_\_\_\_\_ **Surname:** \_\_\_\_\_

**Gender:** (Please circle one) **M F**

**Gender:** (Please circle one) **M F**

**Date of Birth:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Date of Birth:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Place of Birth:** \_\_\_\_\_

**Place of Birth:** \_\_\_\_\_

**3) First Name:** \_\_\_\_\_ **4) First Name:** \_\_\_\_\_

**Middle Name(s):** \_\_\_\_\_ **Middle Name(s):** \_\_\_\_\_

**Surname:** \_\_\_\_\_ **Surname:** \_\_\_\_\_

**Gender:** (Please circle one) **M F**

**Gender:** (Please circle one) **M F**

**Date of Birth:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Date of Birth:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Place of Birth:** \_\_\_\_\_

**Place of Birth:** \_\_\_\_\_

**5) First Name:** \_\_\_\_\_ **6) First Name:** \_\_\_\_\_

**Middle Name(s):** \_\_\_\_\_ **Middle Name(s):** \_\_\_\_\_

**Surname:** \_\_\_\_\_ **Surname:** \_\_\_\_\_

**Gender:** (Please circle one) **M F**

**Gender:** (Please circle one) **M F**

**Date of Birth:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Date of Birth:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Place of Birth:** \_\_\_\_\_

**Place of Birth:** \_\_\_\_\_

Please add any additional children **under 18 years of age** on to a separate sheet of paper and attach.

For any children **18 years and over** please attach their contact details and we will send them an application form.

# WHAKAPAPA DETAILS

Complete as much of  
your whakapapa as  
you can.

**YOURSELF**  
1.

BORN:  
WHERE:  
WHEN MARRIED:

**NAME OF HUSBAND OR  
WIFE**

**PARENTS**

**YOUR FATHER**  
2.

BORN:  
WHERE:  
WHEN MARRIED:  
DIED:  
WHERE:

**YOUR MOTHER**  
3.

BORN:  
WHERE:  
WHEN MARRIED:  
DIED:  
WHERE:

**GRANDPARENTS**

**YOUR GRANDFATHER**  
4.

BORN:  
WHERE:  
WHEN MARRIED:  
DIED:  
WHERE:

**YOUR GRANDMOTHER**  
5.

BORN:  
WHERE:  
WHEN MARRIED:  
DIED:  
WHERE:

**YOUR GRANDFATHER**  
6.

BORN:  
WHERE:  
WHEN MARRIED:  
DIED:  
WHERE:

**YOUR GRANDMOTHER**  
7.

BORN:  
WHERE:  
WHEN MARRIED:  
DIED:  
WHERE:

**GREAT GRANDPARENTS**

8.

BORN:  
WHERE:  
WHEN MARRIED:  
DIED:  
WHERE:  
9.

BORN:  
WHERE:  
WHEN MARRIED:  
DIED:  
WHERE:  
10.

BORN:  
WHERE:  
WHEN MARRIED:  
DIED:  
WHERE:  
11.

BORN:  
WHERE:  
WHEN MARRIED:  
DIED:  
WHERE:  
12.

BORN:  
WHERE:  
WHEN MARRIED:  
DIED:  
WHERE:  
13.

BORN:  
WHERE:  
WHEN MARRIED:  
DIED:  
WHERE:  
14.

BORN:  
WHERE:  
WHEN MARRIED:  
DIED:  
WHERE:  
15.

BORN:  
WHERE:  
WHEN MARRIED:  
DIED:  
WHERE:

**GREAT, GREAT GRANDPARENTS**

16.

17.

18.

19.

20.

21.

22.

23.

24.

25.

26.

27.

28.

29.

30.

31.

**Privacy**

Te Atiawa Manawhenua Ki Te Tau Ihu Trust will, in accordance with the provisions of the Privacy Act 1993, make available to you upon request the personal information it holds about you and will make any 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 Te Atiawa (Te Tau Ihu).

as a parent or legal guardian of a member of Te Atiawa who is not an Adult .

as legal guardian for an Adult Member of Te Atiawa (Te Tau Ihu).

on behalf of an Adult Member of Te Atiawa (Te Tau Ihu) in the stead of a parent of that person.

**Do you wish to receive the iwi panui via email? (Please circle one)    Yes    No**

**Private Notice Option**   

Tick the box 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.

**Declaration**

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

Name: .....

Signed: ..... Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

***Please ensure that you inform us of any changes to your postal address.***