



Iwi Membership Registration

Ingoa First name(s)				
Ingoa Whānau Surname		Ingoa Takakau Maiden Name		
Rā Whānau Date of Birth		Gender (please tick)	Tāne/Male	Wāhine/Female
Wāhi Kāinga Home Address				
Waea Kāinga Home Landline		Waea Pūkoro Mobile		
Karere Hiko Email Address		Tūranga Mahi Occupation		

WHAKAPAPA (Please list parents who are affiliated to Uenuku hapū only. If deceased, please put "D" beside their name)

<p>If you do not whakapapa to Uenuku but consider you are eligible to register (for example, as a Whāngai), please provide supporting information with this registration form.</p> <p><i>Use a separate sheet for any additional information (such as whakapapa beyond your great grandparents)</i></p>	Ūkaipō/Mother	Kuia/Grandmother	Tupuna Kuia/Great Grandmother
			Tupuna Koroheke/Great Grandfather
		Koroheke/Grandfather	Tupuna Kuia/Great Grandmother
			Tupuna Koroheke/Great Grandfather
	Ure Tārewa/Father	Kuia/Grandmother	Tupuna Kuia/Great Grandmother
			Tupuna Koroheke/Great Grandfather
		Koroheke/Grandfather	Tupuna Kuia/Great Grandmother
			Tupuna Koroheke/Great Grandfather

CHILDREN (persons aged 18 years and over must complete their own form. If deceased, write "D" next to their name)

Ingoa	Ingoa Whānau	Gender	Rā Whānau	Wāhi Kāinga (if different to yours)
		M / F		
		M / F		
		M / F		
		M / F		
		M / F		
		M / F		

Please use separate sheet for any additional children

HE MARAE (Please CIRCLE your primary marae, and TICK the other marae to which you affiliate)

- | | | |
|--|--|---|
| <input type="checkbox"/> Karaka | <input type="checkbox"/> Papatupu | <input type="checkbox"/> Tieke |
| <input type="checkbox"/> Koangarehua – Te Pōti | <input type="checkbox"/> Paraweka | <input type="checkbox"/> Tirohia Papakāinga |
| <input type="checkbox"/> Kuratahi | <input type="checkbox"/> Parinui | <input type="checkbox"/> Tiorangi |
| <input type="checkbox"/> Mākaranui | <input type="checkbox"/> Raetihi – Te Puke | <input type="checkbox"/> Tuhiariki |
| <input type="checkbox"/> Mangamingi | <input type="checkbox"/> Raketapauma | <input type="checkbox"/> Ūtapu |
| <input type="checkbox"/> Marangai | <input type="checkbox"/> Taokinikini | <input type="checkbox"/> Waitahupārae |
| <input type="checkbox"/> Mō Te Katoa | <input type="checkbox"/> Te Koau | <input type="checkbox"/> Whakahou |
| <input type="checkbox"/> Ngā Mōkai | <input type="checkbox"/> Te Kotahitanga | <input type="checkbox"/> Other (please specify) |
| <input type="checkbox"/> Ngātokoerua | <input type="checkbox"/> Te Koutu | |

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HAPŪ AFFILIATION (Please CIRCLE your primary hapū, and TICK the other hapū to which you affiliate)

- | | | |
|---|---|---|
| <input type="checkbox"/> Don't know | | |
| <input type="checkbox"/> Ngāti Atāmira | <input type="checkbox"/> Ngati Pare | <input type="checkbox"/> Ngāti Tūmanuka Ngāti |
| <input type="checkbox"/> Ngāti Hau | <input type="checkbox"/> Ngāti Poumua | <input type="checkbox"/> Uenuku |
| <input type="checkbox"/> Ngāti Hinehika | <input type="checkbox"/> Ngati Rangitengaue | <input type="checkbox"/> Ngāti Whaikiterangi |
| <input type="checkbox"/> Ngāti Hinekoropango | <input type="checkbox"/> Ngāti Ruakōpiri | <input type="checkbox"/> Ngāti Whawhakea |
| <input type="checkbox"/> Ngāti Hinekura | <input type="checkbox"/> Ngāti Ruru | <input type="checkbox"/> Patutokotoko |
| <input type="checkbox"/> Ngāti Hinewai | <input type="checkbox"/> Ngati Tamahuatahi | <input type="checkbox"/> Tamahaki |
| <input type="checkbox"/> Ngāti Hotu | <input type="checkbox"/> Ngāti Tamakana | <input type="checkbox"/> Tauengarero |
| <input type="checkbox"/> Ngāti Kahukurapango | <input type="checkbox"/> Ngāti Tara | <input type="checkbox"/> Other (please specify) |
| <input type="checkbox"/> Ngāti Kurawhatia Ngāti | <input type="checkbox"/> Ngāti Te Wairehe | <input type="checkbox"/> Ngati Rangi ki Manganui o te |
| <input type="checkbox"/> Maringi | <input type="checkbox"/> Ngāti Tūkaiaora | <input type="checkbox"/> Ao |

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DECLARATION: I declare that the information given on this form is true and correct, and I understand it is my responsibility to ensure my contact details are current. I agree to share this information only with Uenuku Charitable Trust and my primary marae and hapū for the purpose of verifying my registration (if required).

Signature _____ Date _____

Pānui Option: Tick box if you wish to receive information and notices from Uenuku Charitable Trust.	<input type="checkbox"/>
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Please return to: Registrations, Uenuku Charitable Trust, PO Box 102, Raetihi 4632, or email to enquiries@uenuku.iwi.nz

