



# Ngāti Rāhiri Hapu o Te Atiawa (Taranaki) Soc Inc Registration Form

## Personal details

First name

Middle names

Surname

Address

Postcode

City

Country

Contact phone

Email

Date of birth

Male / Female

If you have children under the age of 18 year please enter their details below.

Please note: If your children are over 18 years of age, they must complete their own enrolment

Full Name

Date of birth

Male / Female

Do you want to receive communications about Ngāti Rāhiri Hapu o Te Atiawa Society Inc

Yes

No

Tick "Yes" if you wish to receive private notices and information relating to general meetings, elections, postal ballot papers and hapū updates. All notices will be sent to the address and/or email provided on this form.

### Declaration

I hereby declare that the information provided in this application is true and correct.

By ticking the box, you confirm this declaration. YES

For us to proceed your enrolment, we require proof of identity. If you do not have a birth certificate, passport or driver's license please email [register@ngatirahiri.co.nz](mailto:register@ngatirahiri.co.nz) to discuss other identification options. I also acknowledge it is my responsibility to inform Ngāti Rāhiri Hapu o Te Atiawa (Taranaki) Soc Inc if my contact details change.

### Privacy

Ngāti Rāhiri Hapū o Te Atiawa (Taranaki) Society Incorporated will act 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 any appropriate corrections to that information to ensure that the information held is accurate.

Please note the Register is shared with Nga Uri o Ngati Rahiri Whenua Trust.

Please complete the whakapapa form on the next page and return the completed form to:

Ngāti Rāhiri Hapū o Te Atiawa (Taranaki) Society Inc.

Attn: Registrations, PO Box 132, Waitara 4320, New Zealand or

via email: [register@ngatirahiri.co.nz](mailto:register@ngatirahiri.co.nz)



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### Whakapapa

Our Whakapapa Committee will validate all applications.  
A letter of confirmation of your membership will be sent  
to your address/email address provided.

Please indicate this whakapapa line

Choose one

Mother

Father

If you know your Ngāti Rāhiri tupuna please identify here  
(see Schedule 1 of the Consitution)

Your parent

Your grandmother

Your grandmothers mother

Your great great grandparents

Your grandmothers father

Your great great grandparents

Your grandfather

Your grandfathers mother

Your great great grandparents

Your grandfathers father

Your great great grandparents

### Office use only

Tupuna  
Whakapapa validated  
Added to database  
Sign here

Date  
Date  
Date