

**TE ATIAWA (TARANAKI) REGISTRATION  
REGISTRATION APPLICATION**

**Applicant Details**

Last Name: \_\_\_\_\_

First Names: \_\_\_\_\_

Gender: Male / Female / Other (Please circle one)

Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Previous Names: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Email: \_\_\_\_\_

Phone (HM): \_\_\_\_\_ (WRK): \_\_\_\_\_

Mobile: \_\_\_\_\_

No. of Children: \_\_\_\_\_

Occupation: \_\_\_\_\_

**Please complete this form, sign, and return to:**

Te Atiawa Registration Officer  
 PO Box 1097  
 Taranaki Mail Centre  
 New Plymouth 4340  
 Phone: 06 759 7318  
 Email: [tari@teatiawa.iwi.nz](mailto:tari@teatiawa.iwi.nz)

**Whanau Registration Details**

Please list all your tamariki under the age of 18 years in the box below. All tamariki over the age of 18 years must fill in a separate registration application form. Please continue on a separate sheet if required.

First Name	Last Name	DOB	M/F/O	Relationship to Applicant <small>(Please indicate if Whangai)</small>	Registration No: <small>(Office use only)</small>

Your Primary Te Atiawa Hapu: \_\_\_\_\_

Your Primary Te Atiawa Marae: \_\_\_\_\_

**Do you want to receive Private Notices about Te Atiawa Matters?**

Tick the above box if you wish to receive private notices and information relating to general meetings, elections, postal ballot papers and Trust proposals. All notices will be sent to the address provided on this form.

**Declaration**

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Privacy**

Te Kotahitanga o Te Atiawa Trust and Te Atiawa (Taranaki) Settlements Trust will act 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.

OFFICE  
USE ONLY

Date Received: \_\_\_\_\_

Date Validated \_\_\_\_\_

Date Applicant Advised \_\_\_\_\_

Registration # \_\_\_\_\_

# WHAKAPAPA

Please complete all sections of this registration form that show your connections to Te Atiawa (Taranaki).

A Membership Committee will validate all applications. Confirmation of your membership will be sent to you, with your Registration Number.

