



NGĀTI TE WHITI HAPŪ SOCIETY INCORPORATED

REGISTRATION FORM

LAST NAME _____

FIRST NAMES _____

BIRTH DATE _____

ADDRESS _____

Postcode _____

EMAIL _____

GENDER

Tane	<input type="checkbox"/>	Wahine	<input type="checkbox"/>	Other	<input type="checkbox"/>
------	--------------------------	--------	--------------------------	-------	--------------------------

Occupation

YOUR TAMARIKI	TAMARIKI BIRTH DATE

WHAKAPAPA - Please complete basic Whānau tree Page 2

TUPUNA – Please see list attached Page 4

1, _____

2, _____

Declaration: I declare that:

* I am over 18

*I am of Ngāti Te Whiti descent

*The information given here is correct

SIGN _____ DATE _____

By signing this form I give consent to become a member of this society under the new the Incorporated Societies Act 2022.

Please post your completed form to -

The Registrar

Ngati Te Whiti Hapu Society Incorporated PO Box 304

Richmond Centre New Plymouth

Or email:

registrations@ngatitewhitisocietyinc.co.nz

Note: All information is protected under the Privacy Act

Registration Committee Signatures:

Registration No:

--

MOTHER

GRANDFATHER

GREAT GRANDFATHER

GREAT GREAT GRANDFATHER

GREAT GREAT GRANDMOTHER

GREAT GRANDMOTHER

GREAT GREAT GRANDFATHER

GREAT GREAT GRANDMOTHER

GRANDMOTHER

GREAT GRANDFATHER

GREAT GREAT GRANDFATHER

GREAT GREAT GRANDMOTHER

GREAT GRANDMOTHER

GREAT GREAT GRANDFATHER

Ko toku ingoa

FATHER

GRANDFATHER

GREAT GRANDFATHER

GREAT GREAT GRANDFATHER

GREAT GREAT GRANDMOTHER

GREAT GRANDMOTHER

GREAT GREAT GRANDFATHER

GREAT GREAT GRANDMOTHER

GRANDMOTHER

GREAT GRANDFATHER

GREAT GREAT GRANDFATHER

GREAT GREAT GRANDMOTHER

GREAT GRANDMOTHER

GREAT GREAT GRANDFATHER



EXTRA PAPER FOR INFORMATION IF REQUIRED



TUPUNA LIST

To Be Added

Nga mihi Nui