



# Ngāti te Whiti

## NGĀTI TE WHITI HAPŪ SOCIETY INCORPRATED REGISTRATION FORM

YOUR LAST NAME \_\_\_\_\_

YOUR FIRST NAMES \_\_\_\_\_

YOUR BIRTH DATE \_\_\_\_\_

YOUR ADDRESS \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Postcode \_\_\_\_\_

EMAIL \_\_\_\_\_

GENDER 

Tane	<input type="checkbox"/>	Wahine	<input type="checkbox"/>	Other	<input type="checkbox"/>
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 Occupation \_\_\_\_\_

YOUR TAMARIKI	TAMARIKI BIRTH DATE

**WHAKAPAPA** - Please complete basic Whānau tree over page

Declaration: I declare that:

- \* *I am over 18*
- \* *I am of Ngāti Te Whiti descent*
- \* *The information given here is correct*

SIGN \_\_\_\_\_ DATE \_\_\_\_\_

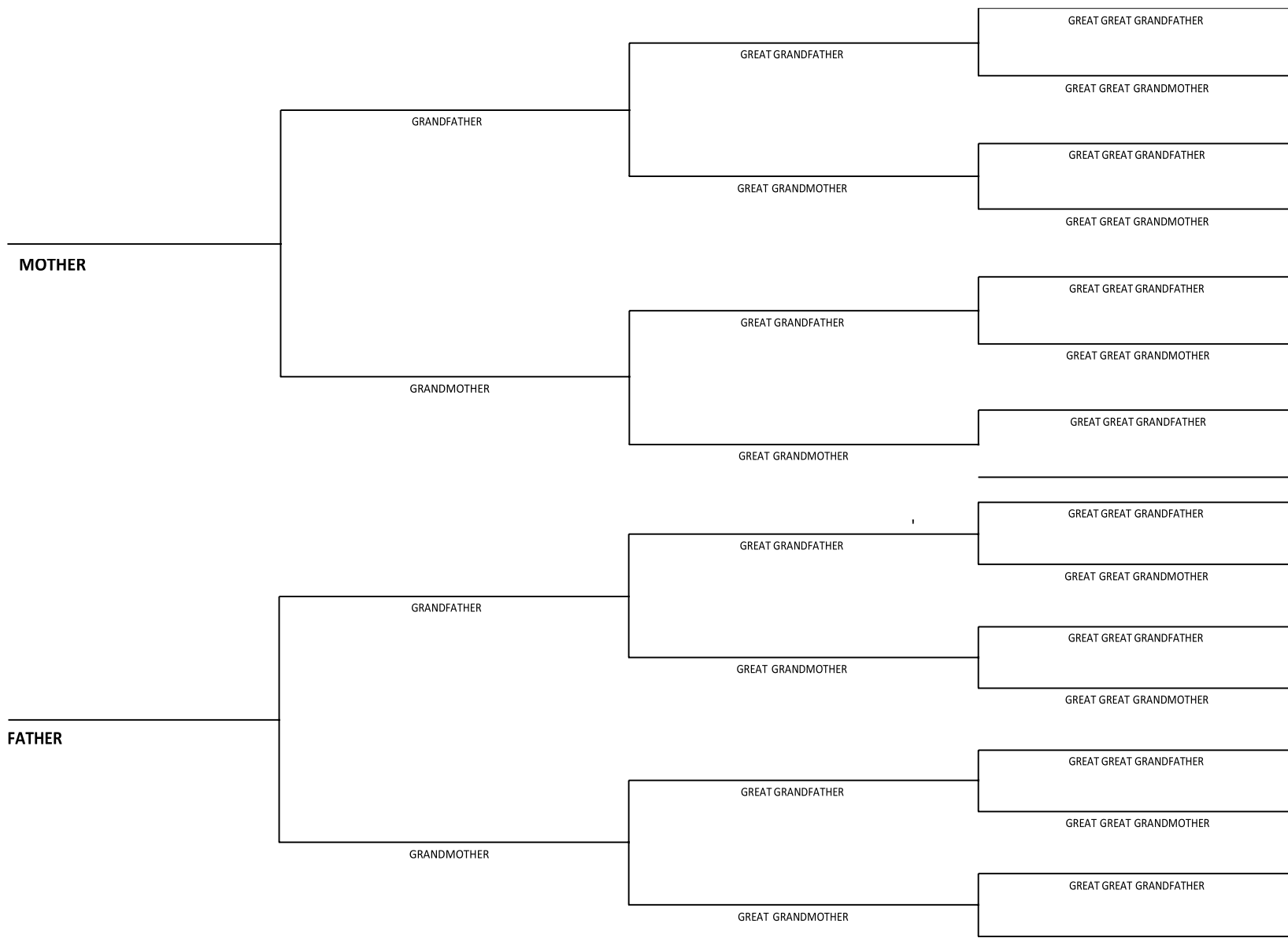
Please post your completed form to - The Registrar  
Ngati Te Whiti Hapu Society Incorporated PO Box 304  
Richmond Centre New Plymouth

Or email: [registrations@ngatitewhitisocietyinc.co.nz](mailto:registrations@ngatitewhitisocietyinc.co.nz)

Note: All information is protected under the Privacy Act

Registration Committee Signatures:

Registration No:   
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EXTRA PAPER FOR INFORMATION IF REQUIRED