

Iwi Registration Form

Please return completed form to:

Ngāti Pāoa, PO Box 272-1788, Papakura, Auckland 2244, Aotearoa

Phone: 09 985 6546 or Email: admin@ngatipaoa.iwi.nz

To register you must be:

- a descendant of Pāoa by birth;
- or by Whāngai
- and be able to affiliate to one of the Ngāti Pāoa Hapu and Marae as listed within this document

What is the purpose of registering?

- To be notified of important issues, events and decisions affecting Ngāti Pāoa
- To obtain eligibility to vote in Ngāti Pāoa elections (for those over the age of 18)
- To obtain benefits entitled to members of Ngāti Pāoa
- To build a comprehensive database to strengthen the links of Ngāti Pāoa descendants

Personal Details			
Title:	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Other_____
First Names:			
Last Names:			
Maiden Name:			
Date of Birth:	__/__/____	Gender:	<input type="checkbox"/> Tāne <input type="checkbox"/> Wahine
Whāngai:	<input type="checkbox"/> Please tick if you are Whāngai		
Contact Details			
Street Address:			
Suburb:		City:	
Country:		Postcode:	
Postal Address: <i>(If different from home address)</i>			
Street Address:			
Suburb:		City:	
Country:		Postcode:	
Phone Home:		Mobile:	
Work:		Email:	



Would you like to receive correspondence from Ngāti Pāoa?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Occupation:			
Highest Qualification (Please specify)	<input type="checkbox"/> Secondary	_____	
	<input type="checkbox"/> Certificate	_____	
	<input type="checkbox"/> Tertiary	_____	
	<input type="checkbox"/> Other	_____	
Te Reo Level:	<input type="checkbox"/> None	<input type="checkbox"/> Beginner	<input type="checkbox"/> Intermediate
	<input type="checkbox"/> Advanced	<input type="checkbox"/> Fluent	

Tamariki
(For children over the age of 18 please have them complete a separate form)

First Names	Last Name	DOB	Tama/ Kotiro
		_ _ / _ _ / _ _ _ _	Tama/ Kotiro
		_ _ / _ _ / _ _ _ _	Tama/ Kotiro
		_ _ / _ _ / _ _ _ _	Tama/ Kotiro
		_ _ / _ _ / _ _ _ _	Tama/ Kotiro
		_ _ / _ _ / _ _ _ _	Tama/ Kotiro
		_ _ / _ _ / _ _ _ _	Tama/ Kotiro

Hapu Affiliations (Please tick those that apply)

<input type="checkbox"/> Matekiwaho	<input type="checkbox"/> Ngāti Omakau	<input type="checkbox"/> Ngāti Te Hiko
<input type="checkbox"/> Ngamuri	<input type="checkbox"/> Ngāti Parengaherehere	<input type="checkbox"/> Ngāti Tipa
<input type="checkbox"/> Ngāti Horowhenua	<input type="checkbox"/> Ngāti Rapu	<input type="checkbox"/> Ngāti Tuwhanga
<input type="checkbox"/> Ngāti Huia	<input type="checkbox"/> Ngāti Raukura	<input type="checkbox"/> Ngāti Wharetoi
<input type="checkbox"/> Ngāti Hura	<input type="checkbox"/> Ngāti Rauwhea/ Rauhea	<input type="checkbox"/> Ngāti Whata
<input type="checkbox"/> Ngāti Huruhuru	<input type="checkbox"/> Ngāti Ringatahu	<input type="checkbox"/> Te Hingawaka
<input type="checkbox"/> Ngāti Kahu	<input type="checkbox"/> Ngāti Rurangi	<input type="checkbox"/> Te Mate Tokeroa
<input type="checkbox"/> Ngāti Kauahi	<input type="checkbox"/> Ngāti Taharoku	<input type="checkbox"/> Te Rapupo
<input type="checkbox"/> Ngāti Kohua	<input type="checkbox"/> Ngāti Tahuna	<input type="checkbox"/> Te Rerekau
<input type="checkbox"/> Ngāti Koura	<input type="checkbox"/> Ngāti Tarao	<input type="checkbox"/> Te Uri Karaka
<input type="checkbox"/> Ngāti Mahia	<input type="checkbox"/> Ngāti Te Aho	<input type="checkbox"/> Te Uri o Haupa

Ngāti Ngamuri

Ngāti Te Aute

Waihina

Other (Please specify) _____

Marae Affiliations (Please tick those that apply)

Rangimarie (Makomako)

Raungaunu (Waiti)

Wharekawa (Whakatiwai)

Other (Please specify) _____

Please provide details of Ngāti Pāoa Whakapapa on the next page

PRIVACY & CONFIDENTIALITY

I declare that the information I have provided, is to my knowledge, true and correct. I understand that the information gathered in this form will be used for Iwi purposes only—it will not be sold, made available to any other agency, or misused in any way. This form, and the electronic database in which the information will be stored, will be kept secure and will only be made available to authorised persons for purposes associated with the governance of Ngāti Pāoa. This is in accordance with the principles of the Privacy Act 1993.

Signed

____/____/_____
Date

Validation

When you have completed this form, you may have it validated by a Ngāti Pāoa Kaumātua in the spaces provided, alternatively, you may send it back to the Ngāti Pāoa Trust, who will arrange for its validation

We, the undersigned Kaumātua, declare that, to the best of our knowledge, the applicant is a member of Ngāti Pāoa and is entitled to be included in the Ngāti Pāoa Iwi register:

Signature of Kaumātua _____ Date _____

Full Name of Kaumātua _____

Signature of Kaumātua _____ Date _____

Full Name of Kaumātua _____

Whakapapa Please ensure your parent's full names are included in the information below. Enough **information must be provided to establish a line of descent** back to the principal hapu named on the previous page. **Please only fill in the side of Ngāti Pāoa descent.**

			Great Grandfather
Father's Full Name	Grandfather		Great Grandmother
			Great Grandfather
Ngāti Pāoa? Y/N	Grandmother		Great Grandmother
			Great Grandfather
Mother's Full Name	Grandfather		Great Grandmother
			Great Grandfather
Ngāti Pāoa? Y/N	Grandmother		Great Grandmother
			Great Grandfather