



Membership Registration Form

For general support with registrations call 0800 754 844

Why Should I Register?

- To receive updates on the settlement process
- To validate your vote at the upcoming ratification of the proposed Ngāti Ruapani mai Waikaremoana Deed of Settlement and post-governance entity
- To get involved in bringing to life the aspirations of Māriiri, Ritenga, and Kaha

Criteria To Register

- You must be 18 years and over
- You must be a descendant of both Ruapani and at least one of the tipuna Hinekura, Pukehore or Tūwai
- You may need to provide evidence to verify your identity and whakapapa
- Your incomplete form will not be processed

Send Registration Forms To:

Email: registration@nrmw.co.nz

Post: 1 Hostel Lane, Tuai, Wairoa 4195

Your Personal Information

Full Name:	<input type="text"/>		
Maiden Name:	<input type="text"/>	Occupation:	<input type="text"/>
Date of Birth:	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Email:	<input type="text"/>	Mobile:	<input type="text"/>
Postal Address:	<input type="text"/>		
	<input type="text"/>		
Town/ City:	<input type="text"/>	Country:	<input type="text"/>

Your Tamariki (All legal dependants under 18 years)

Full Name:	<input type="text"/>		
Date of Birth:	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Full Name:	<input type="text"/>		
Date of Birth:	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Full Name:	<input type="text"/>		
Date of Birth:	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female

If you have additional tamariki, please list on a separate page

Your Marae

Select the marae you affiliate to:	<input type="checkbox"/> Te Kūhā Tārewa	<input type="checkbox"/> Te Waimako	<input type="checkbox"/> Te Pūtere
Select the (1) primary marae you affiliate to:	<input type="checkbox"/> Te Kūhā Tārewa	<input type="checkbox"/> Te Waimako	<input type="checkbox"/> Te Pūtere

Your Whakapapa

Which tipuna do you whakapapa from:	<input type="checkbox"/> Hinekura	<input type="checkbox"/> Pukehore	<input type="checkbox"/> Tūwai
Who do you whakapapa through?	<input type="checkbox"/> Mother	<input type="checkbox"/> Father	

Complete the **whakapapa tree** of the parent connecting you to the **tipuna you whakapapa from**

*Include Maiden Name/s

		<div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-left: 1px solid black; border-right: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="text-align: right;">Great Grandfather</div>
	<div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-left: 1px solid black; border-right: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="text-align: center;">Grandfather</div>	<div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-left: 1px solid black; border-right: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="text-align: right;">Great Grandmother</div>
		<div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-left: 1px solid black; border-right: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="text-align: right;">Great Grandfather</div>
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Declaration

I declare that the information I have provided on this registration form:

(a) is true and correct,

(b) may be used and held by the Ngāti Ruapani Mai Waikaremoana Negotiating Group for the purpose of assisting in communication with members of Ngāti Ruapani Mai Waikaremoana and enabling participation in decision-making during the ratification process.

If the settlement is ratified, I wish to be registered as a member of the Ngāti Ruapani Mai Waikaremoana post-settlement governance entity and consent to this registration form being provided to and used by the post-settlement governance entity for that purpose. **(circle one) YES / NO**

(Signed by you)

(Dated by you)

- The information gathered will be held in accordance with the Privacy Act 1993 requirements and will not be used for any other purpose without your consent.
- You have the right to access and correct your information at any time.
- It is your responsibility to ensure your information is kept current by contacting the NRMW tari.
- Any person aged 18 years or above should complete their own form.

