

Mana Ahuriri Trust Member Application Form



Personal Details

Title

Mr Mrs Ms Miss Dr

First Names

Surname

Do you use or have you used other names?

No Yes

(List other names you use now or in the past eg maiden name)

Are you: Male Female

Date of birth

Contact Details

Home address

Street/Road:

Suburb:

Postcode:

Postal address (if different from above)

Street/Road:

Suburb:

Postcode:

Home phone

Work phone

Mobile phone

Email address

What to include with this application

Government-issued photo ID

Current New Zealand Driver's Licence, or

New Zealand Firearms Licence or

Any countries' Current Passport.

The ID must show the expiry date – note recent driver's licences have the expiry date on the back so photocopy both sides

or

Birth Certificate

Proof of any name change *eg marriage certificate*

Proof of residential address *(eg Power account/Phone account/IRD letter/Bank statement/NZ Post. Must be less than 6 months old at the time of registration)*

Whakapapa completed

Declaration and signing on next page



Declaration:

I.....

(write your full name)

declare:

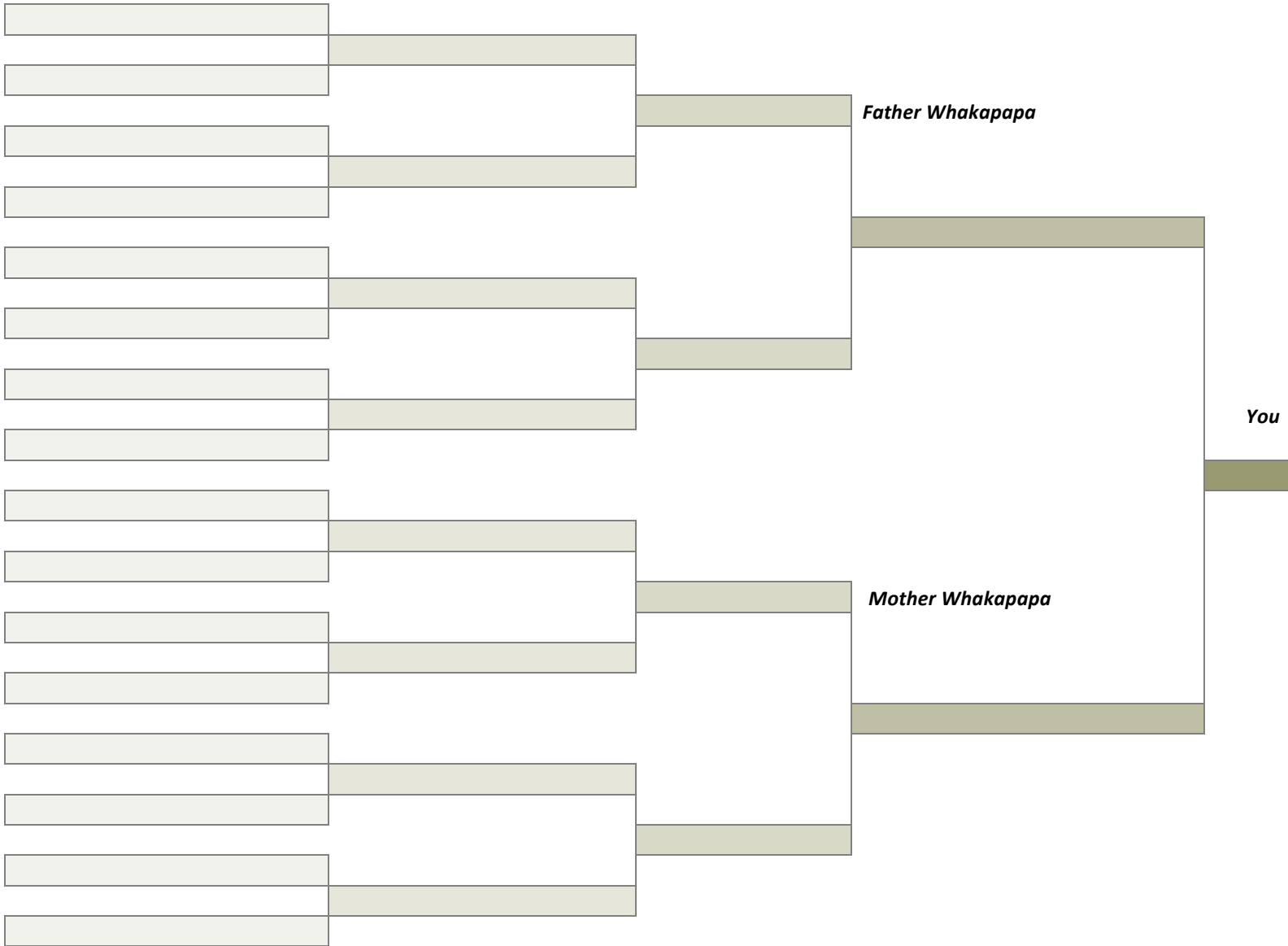
1. I apply for registration as an Adult Member of Mana Ahuriri Trust.
2. I confirm that all information provided by me in and with this form is true and correct.
3. I understand that I may be contacted by the Registration Secretary and/or the Komiti which considers the whakapapa information, to provide more information or clarification and until I have provided the requested information, my application for membership will not be considered further.
4. I understand that if I apply for membership close to any election date, my application may not be able to be considered and processed in time for me to vote.
5. I consent to Mana Ahuriri Trust collecting and retaining my personal information for the purposes of their membership data base, including providing the database to contractors engaged by Mana Ahuriri Trust to undertake communications relating to membership information and voting, and if I am approved as a member, that I will receive correspondence sent to the contact address provided.
6. It is my responsibility to inform the Trust in writing if I change any of my details.
7. If I have included details of my tamariki below, I confirm that their names and dates of birth are correct and I have included their birth certificates and contact details. I acknowledge that they will not be registered as Adult Members until :
 - (a) they are 18 years of age, and
 - (b) they have completed a formal application for membership

Signed.....

Date



Your Whakapapa



Please continue on extra paper to show line to one or more of the source Tipuna in diagram



Nga Hapu Tokowhitu o Ahuriri Mau Tonu Nei i Te Ahikaa Roa

