



Registration Number:

.....

Registration Form

*** = Required**

Family Name *

First Name *

Street Address *

Suburb

Town/City *

Postcode

Country *

Is your Mailing Address different from above? Yes No

Street Address

Suburb

Town/City

Postcode

Country

What is your mobile phone number? *

You must enter at least one phone number. Don't forget to include your area code.

What is your home phone number? *

You must enter at least one phone number. Don't forget to include your area code.

Additional Information

If you have any further information that you would like to tell us to help us identify your links to Ngati Maru please set this out below:

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Your Privacy

Any information received will be held by or for Te Runanga o Ngati Maru (Taranaki) Trust ("the Trust"), certain bodies related to the Trust or their respective successors. You have certain rights under the Privacy Act 1993 to see and correct personal information which the Trust or its successors holds about you. The information will be used to enable the Trust or its successor to identify its members so that they are informed of Trust matters. The information will also be used to identify those who may take part in any electoral process relating to the Trust and/or derive any entitlement as members in the future. By submitting this form you acknowledge the above and consent to the disclosure of my personal information to anybody related to the Trust or its successor and including for whakapapa verification purposes.

Declaration

Please tick this box to confirm that you are agree to Te Runanga o Ngati Maru (Taranaki) Trust or its affiliates contacting you by email, phone or sms message with information about Ngati Maru activities and other related information. You will be able to opt out of being contacted by us via email or sms message in the future.

By ticking this box I declare that I am the person as indicated above applying for registration as a member of the Trust and/ or I am the parent or guardian of those children listed in the application. I declare that the information I have given is true and correct.

Signature:

Date:

OFFICE USE ONLY - ENDORSEMENT BY WHAKAPAPA VALIDATION COMMITTEE:

I confirm that the person named above meets the requirement of Ngati Maru membership and endorse the inclusion of their name on the Ngati Maru (Taranaki) register.

NAME: SIGNED: DATE: