



Member Registration INFORMATION SHEET

Who can apply for Registration:

- Adult members of the iwi who are descendants of a Te Ātiawa kī te Upoko o te Ika a Māui Pōtiki tupuna.
- An Adult Member of Te Ātiawa kī te Upoko o te Ika a Māui Pōtiki means a member of Te Ātiawa kī te Upoko o te Ika a Māui Pōtiki who is 18 years of age or over.
- Whāngai on their own behalf or by their legal guardian.
- Non-adult members of the iwi, by their parent or their legal guardian.

An application to be entered in the Members' Register may be made by:

- a) Adult Members of Te Ātiawa kī te Upoko o te Ika a Māui Pōtiki on their own behalf or by their legal guardian; and
- b) Members of Te Ātiawa kī te Upoko o te Ika a Māui Pōtiki, who are not Adult Members of Te Ātiawa kī te Upoko o te Ika a Māui Pōtiki, by their parent or legal guardian on their behalf; and
- c) Members of Te Ātiawa kī te Upoko o te Ika a Māui Pōtiki by an Adult Member of Te Ātiawa kī te Upoko o te Ika a Māui Pōtiki who, in the opinion of the Membership Committee, stands in the stead of a parent of that person; and
- d) in each case that application must be completed on the Application for Membership Form.

All applications will be validated by a membership committee. Confirmation of your membership will be sent to you, with your Te Ātiawa kī te Upoko o te Ika a Māui Pōtiki member registration number.

Where an application for registration is declined, the applicant may dispute that decision.

Why should I enrol for registered membership?

- It identifies you as a registered member of Te Ātiawa kī te Upoko o te Ika a Māui Potiki Trust
- If you are over 18 years old, you can vote on hui matters.
- You are entitled to attend hapū hui and take part in korero.
- You can stay up-to-date and informed about hapū matters.
- You will be notified of important issues and decisions effecting you.
- You may be entitled to receive benefits to e.g. education grants or scholarships.

Once I have enrolled, do I need to do anything else?

- You should keep your records updated by contacting the Trust.
- You should enrol new members within your whānau, e.g. your tamariki and mokopuna.
- You should notify us when there is a death in your whānau so we can update our records.

Please submit your completed application to Te Ātiawa kī te Upoko o te Ika a Māui Potiki Trust via email to contact@teatiawamauiopotiki.iwi.nz

Ngā mihi

REHITA MEMA | *Member Registration*

Te Ātiawa kī te Upoko o te Ika a Māui Potiki Trust

īmēra: contact@teatiawamauiopotiki.iwi.nz

ipurangi: www.teatiawamauiopotiki.iwi.nz



TE ĀTIAWA

Ki te Upoko o te Ika a Māui Pōtiki Trust

APPLICATION FOR MEMBERSHIP

Applicant's Details

Please ensure you complete all sections of the application form from pages 1 – 4.

Title: Mr Mrs Miss Ms Other _____

First Name: _____

Middle Name(s): _____

Surname: _____

Maiden Name: (If Applicable) _____

Preferred Name: _____

Gender: T | W | Prefer not to say

Date of Birth (dd/mm/yyyy): _____

Place of Birth: _____

Occupation: _____

Full Postal Address: _____

Residential Address: _____

Phone: _____

Mobile: _____

Uri: _____

Email: _____

Primary Marae (Please tick one): Pipitea | Waiwhetū | Te Tatau o Te Pō

Do you give your permission for Te Ātiawa ki te Upoko o te Ika a Māui Potiki Trust to obtain and/or exchange personal information held by other current or former entities which represent those of Te Ātiawa ki te Upoko o te Ika a Māui Potiki Trust, including but not limited to Port Nicholson Block Settlement Trust. **YES** | **NO**

For office use only

Application received by Te Ātiawa ki te Upoko o te Ika a Māui Potiki Trust on: ____ / ____ / ____

Verification

Signed

Date

Ratified by Board of Trustees: ____ / ____ / ____ Entered onto database: ____ / ____ / ____

Confirmation letter sent to applicant: ____ / ____ / ____ Registration Form Scanned: ____ / ____ / ____

Registration Process Completed: ____ / ____ / ____

This Application will not be accepted unless **fully completed**. Please complete a separate application for each family member.

**WHAKAPAPA
DETAILS SHEET**

PARENTS

GRANDPARENTS

GREAT GRANDPARENTS

**GREAT/GREAT
GRANDPARENTS**

Complete as much of your whakapapa as you can.

Your Immediate Family Members

1. _____

Brother Sister

2. _____

Brother Sister

3. _____

Brother Sister

4. _____

Brother Sister

5. _____

Brother Sister

6. _____

Brother Sister

List further family members separately

YOURSELF

1.

Born: ___ / ___ / ___

Where: _____

When Married: ___ / ___ / ___

YOUR FATHER

2.

Born: ___ / ___ / ___

Where: _____

When Married: ___ / ___ / ___

Died: ___ / ___ / ___

YOUR GRANDFATHER

4.

Born: ___ / ___ / ___

Where: _____

When Married: ___ / ___ / ___

Died: ___ / ___ / ___

YOUR GRANDMOTHER

5.

Born: ___ / ___ / ___

Where: _____

When Married: ___ / ___ / ___

Died: ___ / ___ / ___

8.

Born: ___ / ___ / ___

Where: _____

When Married: ___ / ___ / ___

Died: ___ / ___ / ___

9.

Born: ___ / ___ / ___

Where: _____

When Married: ___ / ___ / ___

Died: ___ / ___ / ___

10.

Born: ___ / ___ / ___

Where: _____

When Married: ___ / ___ / ___

Died: ___ / ___ / ___

11.

Born: ___ / ___ / ___

Where: _____

When Married: ___ / ___ / ___

Died: ___ / ___ / ___

16.

17.

18.

19.

20.

21.

22.

23.

Whakapapa Extension - Please enter any additional whakapapa you are able to provide

Paternal Great/Great/Great Grandparents	16a	18a	20a	22a
	16b	18b	20b	22b
	17a	19a	21a	23a
	17b	19b	21b	23b

**NAME OF HUSBAND/WIFE/
PARTNER**

Your children

1. _____

Born: ___ / ___ / ___

Where: _____

Tane Wahine

2. _____

Born: ___ / ___ / ___

Where: _____

Tane Wahine

3. _____

Born: ___ / ___ / ___

Where: _____

Tane Wahine

4. _____

Born: ___ / ___ / ___

Where: _____

Tane Wahine

5. _____

Born: ___ / ___ / ___

Where: _____

Tane Wahine

PARENTS

YOUR MOTHER

3.

Born: ___ / ___ / ___

Where: _____

When Married: ___ / ___ / ___

Died: ___ / ___ / ___

GRANDPARENTS

YOUR GRANDFATHER

6.

Born: ___ / ___ / ___

Where: _____

When Married: ___ / ___ / ___

Died: ___ / ___ / ___

YOUR GRANDMOTHER

7.

Born: ___ / ___ / ___

Where: _____

When Married: ___ / ___ / ___

Died: ___ / ___ / ___

GREAT GRANDPARENTS

12.

Born: ___ / ___ / ___

Where: _____

When Married: ___ / ___ / ___

Died: ___ / ___ / ___

13.

Born: ___ / ___ / ___

Where: _____

When Married: ___ / ___ / ___

Died: ___ / ___ / ___

14.

Born: ___ / ___ / ___

Where: _____

When Married: ___ / ___ / ___

Died: ___ / ___ / ___

15.

Born: ___ / ___ / ___

Where: _____

When Married: ___ / ___ / ___

Died: ___ / ___ / ___

**GREAT/GREAT
GRANDPARENTS**

24.

25.

26.

27.

28.

29.

30.

31.

Whakapapa Extension - Please enter any additional whakapapa you are able to provide

Paternal Great/Great/Great Grandparents	24a	26a	28a	30a
	24b	26b	28b	30b
	25a	27a	29a	31a
	25b	27b	29b	31b

Other Details: (Optional) Skills, interests and qualifications

Privacy

Te Ātiawa ki te Upoko o te Ika a Māui Potiki Trust will, in accordance with the provisions of the Privacy Act 2020, make available to you upon request the personal information it holds about you and will make any appropriate corrections to that information to ensure that the information held is accurate.

(Please tick as appropriate)

I make this application:

- ◆ on my own behalf as an Adult Member of Te Ātiawa ki te Upoko o te Ika a Māui Potiki
- ◆ as a parent or legal guardian of a member of Te Ātiawa ki te Upoko o te Ika a Māui Potiki who is not an Adult
- ◆ as legal guardian for an Adult Member of Te Ātiawa ki te Upoko o te Ika a Māui Potiki
- ◆ on behalf of an Adult Member of Te Ātiawa ki te Upoko o te Ika a Māui Potiki in the stead of a parent of that person

Private Notice Option

Tick the box if you wish to receive private notice relating to general meetings and postal ballot papers so that you may vote on elections, constitutional amendments and/or the disposal of fisheries or other settlement assets. The notice will be sent to the email or postal address provided on this form.

Declaration

I hereby declare that the information in this application is, to the best of my knowledge, true and correct.

Name: _____

Signed: _____ Date (dd/mm/yyyy): _____

Please ensure that you inform us of any changes to your postal address, telephone contacts or email.