



NGĀTI WHĀTUA ŌRĀKEI  
TRUST

## UNDER 18 MEMBERSHIP APPLICATION

### CRITERIA FOR ENROLMENT

1. The Applicant is of Ngāti Whātua Ōrākei descent and his/her whakapapa can be traced to Tuperiri.
2. Provide a copy of the Applicants Birth Certificate or a statutory declaration as proof of birth. Note: If the applicant was born in a non-English speaking country, an official translation of the birth certificate is also required.
3. This Membership Application must be completed in full.
4. This Membership Application must be signed and dated by the Applicants parent, grandparent or guardian. If signed by a guardian, he/she must provide proof of guardianship e.g. court or will appointed documents etc.

### WHY SHOULD I ENROL?

1. It identifies you as a member of Ngāti Whātua Ōrākei.
2. It enables the Ngāti Whātua Ōrākei Trust and its subsidiaries (together the "Ngāti Whātua Ōrākei Trust") to keep you informed on matters concerning the membership and hapū.
3. It allows you to apply for grants, assistance and subsidies when they become available.

### CHECKLIST

**Please ensure:**

- This entire Membership Application Form is complete.
- A parent, grandparent or guardian has signed and dated this Membership Application Form.
- A copy of the Applicants birth certificate or a statutory declaration as proof of birth is provided. Please note, if the applicant was born in a non-English speaking country, an official translation of the birth certificate is also required.
- If a guardian is signing this Membership Application, he/she must provide proof of guardianship e.g. court or will appointed documents etc.

**Once completed, please return your Membership Application to:**

Email: [register@ngatiwhatuaorakei.com](mailto:register@ngatiwhatuaorakei.com)

Post: Membership Application  
Ngāti Whātua Ōrākei Trust  
PO Box 42 045  
Ōrākei, AUCKLAND



### APPLICANT INFORMATION

Given Name/s: \_\_\_\_\_ Surname: \_\_\_\_\_

Gender:  F  M Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Email Address: \_\_\_\_\_

Postal / physical Address (Circle one):

\_\_\_\_\_  
Number Street Suburb  
\_\_\_\_\_  
Town/City Post Code Country

Best Contact Number: \_\_\_\_\_ Alternative Contact Number: \_\_\_\_\_

### KEY CONTACT INFORMATION

This section is to be completed by the person who:

- is signing this Membership Application on behalf of the Applicant; and
- we will engage with, where direct communication cannot be had with the Applicant.

Given Name/s: \_\_\_\_\_ Surname: \_\_\_\_\_

Gender: <input type="checkbox"/> F <input type="checkbox"/> M	Date of Birth: _____/_____/_____ / /	What is your relationship to the Applicant? <input type="checkbox"/> Parent <input type="checkbox"/> Grandparent <input type="checkbox"/> Guardian - if a guardian, please provide proof of guardianship.	Are you a registered member of Ngāti Whātua Ōrākei?  <input type="checkbox"/> Y <input type="checkbox"/> N
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What is your preferred contact method?  Post  Email  Text  Phone call

### COMPLETE CONTACT DETAILS IF DIFFERENT TO APPLICANT

Postal / physical Address (Circle one):

\_\_\_\_\_  
Number Street Suburb  
\_\_\_\_\_  
Town/City Post Code Country

Best Contact Number: \_\_\_\_\_ Alternative Contact Number: \_\_\_\_\_

Email Address: \_\_\_\_\_



## WHAKAPAPA

Please provide the full names of the Applicants whānau below and **circle** those who are of Ngāti Whātua Ōrākei descent.

<b>APPLICANT</b>	Birth Mother	Grandfather
		Grandmother
	Birth Father	Grandfather
		Grandmother

## PRIVACY STATEMENT

The Ngāti Whātua Ōrākei Trust Group is committed to protecting your privacy. All personal information (as defined in the Privacy Act 1993) that you provide in your application will be collected, stored and used by Ngāti Whātua Ōrākei Trust Group for purposes in connection with the assessment of your application:

1. the maintenance of whakapapa records, membership and hapū databases, voting register;
2. the functions of the Ngāti Whātua Ōrākei Trust Group;
3. keeping you updated on matters concerning your membership, hapū and the activities of the Ngāti Whātua Ōrākei Trust Group;
4. planning and design of any future services, benefits or goods that Ngāti Whātua Ōrākei Trust Group may choose to provide; and
5. any other purposes that the Ngāti Whātua Ōrākei Trust Group considers beneficial to Ngāti Whātua Ōrākei hapū ("Purposes").

Your personal information may be disclosed to a third party that provides services to Ngāti Whātua Ōrākei Trust Group in alignment with its core functions; and where authorised to by law. That disclosure will only be in connection with one or more of the above Purposes.

To update or correct the personal information concerning this Membership Application or if there are any questions concerning privacy, please contact:

Ngāti Whātua Ōrākei Trust

Free Phone: 0508 69672534

www: [NgatiWhatuaOrakei.com](http://NgatiWhatuaOrakei.com)

Email: [register@ngatiwhatuaorakei.com](mailto:register@ngatiwhatuaorakei.com)



## DECLARATION

I, the Parent/Grandparent or Guardian, declare that all the above information is true and correct. I understand that any application received by the Ngāti Whātua Ōrākei Trust with incorrect, incomplete or misleading information may be rejected. I have read, and I understand and accept the Privacy Statement. I agree and authorize the Ngāti Whātua Ōrākei Trust Group to collect, use, store and disclose my personal information (as defined in the Privacy Act 1993) for the Purposes set out in the Privacy Statement.

Parent/Grandparent or Guardian Name: \_\_\_\_\_

Parent/Grandparent or Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **Office Only**

- Valid Identification received
- Full Name
- Gender
- DOB
- Address

- Contact NumberEmail
- Whakapapa
- All relevant information is captured/readable
- Signed by parent, guardian or grandparent

**DATE RECIEVED &  
INITIALED:**



**Guidance and explanations to assist with completing this Membership Application**

<b>Heading</b>	<b>What is this?</b>	<b>Why is it needed?</b>
Given Name/s Surname	First, middle and last names.	So we know what to call you in any verbal or written communication.
Gender	Male or Female	Can aid identification, particularly where the first name could apply to either gender.
Date of birth	The date you were born	Useful for confirming your identity. Also, to determine whether you are a minor, kaumatua etc.
Are you a registered member of Ngāti Whātua Ōrākei?	List your parent/s who are of Ngāti Whātua Ōrākei descent and are registered members.	To help us identify your connection to Ngāti Whātua Ōrākei and to the common ancestor, Tuperiri.
Postal/physical address	Your postal address. This may be your street address or a P.O Box.	So we can post you any mail.
Best Contact Number	Your main contact number. This maybe a landline or mobile number.	So we can confirm your identity and/or call or text message you.
Alternative Contact Number	Another contact number.	Just in case we cannot contact you on your 'Best Contact Number'.
Email Address	Preferably your personal email, but a work email is fine if that's all you have.	We are moving towards digital communication, and it also gives us an alternative means of contacting you if you've changed address but forgotten to let us know.
Key Contact	This is the parent/grandparent or guardian who is signing this Membership Application and is able to make decisions on behalf of the Applicant.	We need to know who our first point of contact will be and who is authorised to discuss matters pertaining to the Applicant, if we are unable to engage directly with the Applicant.  Contact could be made to inform you about future initiatives.
What is your relationship to the Applicant?	Mother, father or both.	We need to establish who we are communicating with, if we're not communicating directly with the Applicant.
Are you a registered member of Ngāti Whātua Ōrākei?	Listed on the Ngāti Whātua Ōrākei register.	Can aid identification and whakapapa links.
What is your preferred contact method?	Postal address, physical address, email, text, phone call.	So we can communicate with you in a way that you would prefer.



## FAQs

### **Who is the Applicant?**

The Applicant is the person who is under 18.

### **The Applicant is a minor, who can sign on his/her behalf?**

According to the Trust Deed for Ngāti Whātua Ōrākei a parent, guardian or grandparent can sign this Membership Application on behalf of Applicants who are under 18 years of age.

However, if a grandparent is registering the Applicant Ngāti Whātua Ōrākei Whai Maia Limited staff will need to contact the parent to confirm the application prior to completing the 'initial check'.

### **Can the Applicant vote?**

No. Only those registered members who are 18 and over can vote in any Ngāti Whātua Ōrākei initiative.

### **What happens when the applicant turns 18?**

A Declaration form will be sent to the Applicant to complete and return. This Declaration form, once received and processed by the Hapū Ora team, will identify the Applicant as an adult member of Ngāti Whātua Ōrākei.

### **Who is a Guardian?**

A child's mother, father, grandparent and other relative or friends, and parents new partner can be a Guardian if appointed by the Family Court. A parent can name a person in their will (or another formal legal document) to be a testamentary guardian if the parent dies. Testamentary guardians automatically become guardians once the parent dies. The guardian must provide proof of guardianship.

### **Who is considered the 'Key Contact Parent/Guardian or Grandparent'.**

For the purposes of this Membership Application, the 'Key Contact Parent/Guardian or Grandparent', is the person:

1. Who is signing this Membership Application on behalf of the Applicant;
2. Who we (Ngāti Whātua Ōrākei, Whai Maia Limited staff) will engage with, where direct communication cannot be had with the Applicant.

### **Where do I send the Membership Application?**

Email: [register@ngatiwhatuaorakei.com](mailto:register@ngatiwhatuaorakei.com)

Post: Membership Application  
Ngāti Whātua Ōrākei Trust  
PO Box 42 045  
Ōrākei, AUCKLAND

### **Who do I talk to if I've got any further questions?**

You can call Whai Maia Limited from 8am – 5pm Monday to Friday, on Freephone 0508 NWORAKEI (0508 69672534) within New Zealand, or on +64 336 1670 if you are calling from overseas to discuss your queries or to make an appointment with a staff member.

