

MEMBERSHIP APPLICATION



NGĀTI WHĀTUA ŌRĀKEI TRUST

CRITERIA FOR ENROLMENT

1. You are of Ngāti Whātua Ōrākei descent and your whakapapa can be traced to Tuperiri.
2. You must provide a copy of your full Birth Certificate and one form of valid photo identification- Passport, Driver's License, 18+ Card, Super Gold Card, Student ID, etc.
3. You must complete this form in full and sign it. Incomplete forms will not be accepted

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 "**NWOT Group**") to keep you informed on matters concerning the membership and hapū.
3. It enables you to vote (18 years and over).
4. It allows you to apply for grants, assistance and subsidies when they become available.

Once completed, please return your Membership Application to:

Email: register@ngatiwhatuaorakei.com

Post: The Registry Team
Ngāti Whātua Ōrākei Trust
PO Box 42 045
Ōrākei, AUCKLAND



BRIEF PROCESS & TIMEFRAMES

Initial Check

- **Registry Team** checks and collates registrations received. *Should we require further information, we will contact you.*
- All registrations to be given to the Whakapapa Committee by the **20th of every month.**

Referral

- The **Whakapapa Committee** assess registrations and provide their recommendations by the **first Tuesday of every month.**

Decision

- The **Trust Board** will consider the Whakapapa Committee's recommendations at their **monthly hui.**

Inform

- The **Registry Team** will formally notify you of outcome.

CHECKLIST

Please ensure you have:

- Completed the entire Membership Application Form
- Signed and dated the Membership Application Form
- Provided a copy of your full Birth Certificate
- Provided a copy of one other form of valid photographic identification (NZ Passport, License etc.)
- Provided copies of full Birth Certificates for child/ren listed.
- Photocopy of Adoption Certificate for any person listed in this application who is adopted under the 'NZ Adoption Act 195'



MEMBERSHIP APPLICATION

1. Applicant Information		
Given Names:	Surname:	
Maiden Name (if applicable):	Date of birth:	Gender
Residential Address:		
Suburb	City:	Postcode
Postal Address (if different from above):		
Suburb:	City	Postcode
Email:	Main Contact No:	
Preferred contact method: <i>(please circle)</i> MAIN CONTACT No POSTAL EMAIL		
Do you claim membership through your birth mother or father: <i>(please circle)</i> FATHER MOTHER BOTH		

2. YOUR CHILDREN		
FULL NAME:	GENDER: <i>M/F</i>	DOB <i>dd/mm/yyyy</i>

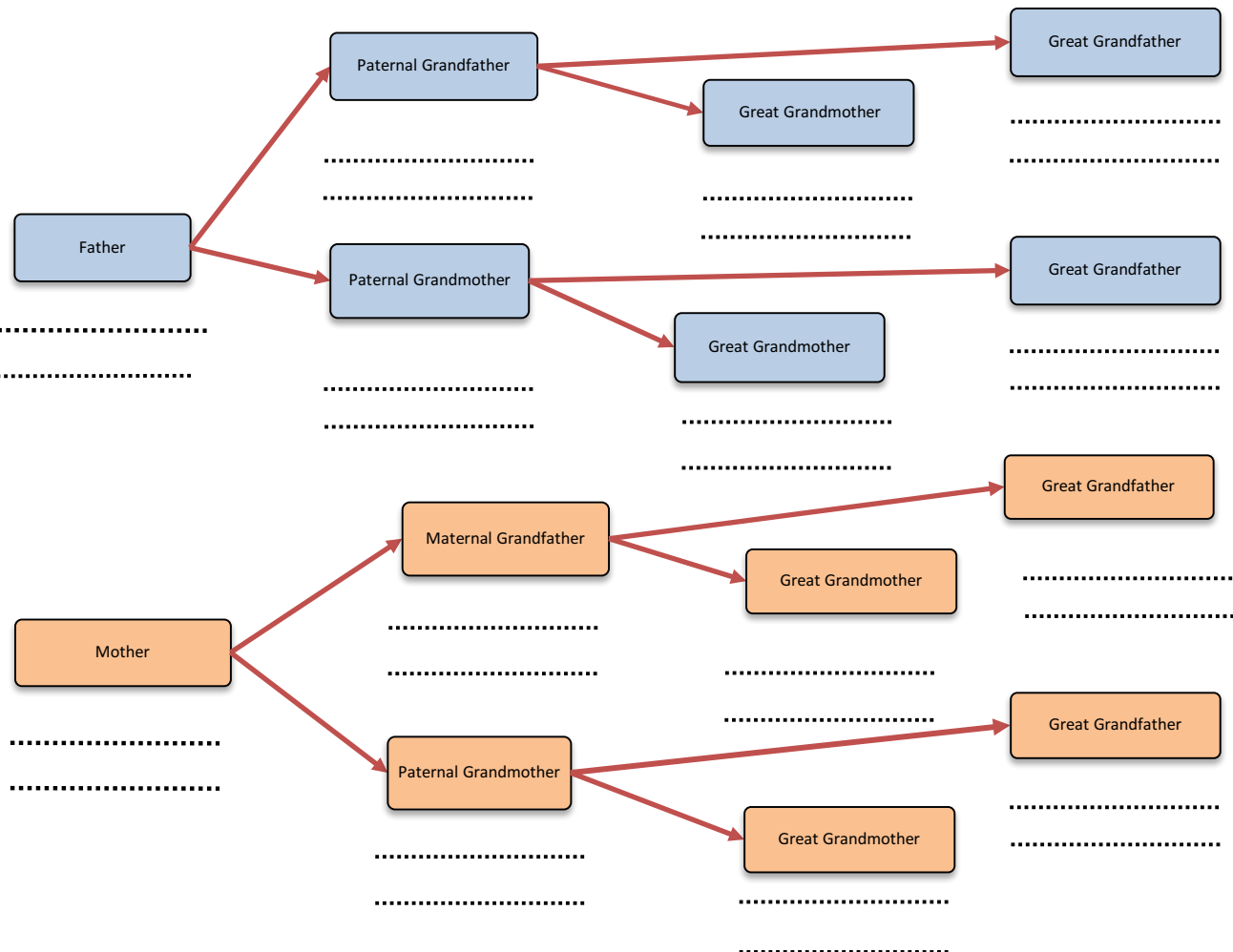
If your child/ren are 18 years and over, please have them complete their own NWŌT Membership Application.

Note: Approval of this application does not automatically deem the listed children as registered hapū members, for more information please contact the registry team.



3. WHAKAPAPA

Fill in the Whakapapa Chart below as completely as you can. Identify which parent and grandparents are uri of Tuperiri with a circle around their names.



3a. WHAKAPAPA

Please list the DOB for whanau members included in the above Whakapapa chart (if known) and indicate whether whanau have passed away by ticking the supplied box;

- | | |
|------------------------------------------------------------------|------------------------------------------------------------------|
| <input type="checkbox"/> Father-/...../..... | <input type="checkbox"/> Mother-/...../..... |
| <input type="checkbox"/> Paternal Grandfather-...../...../..... | <input type="checkbox"/> Paternal Grandfather-...../...../..... |
| <input type="checkbox"/> Great Grandfather-...../...../..... | <input type="checkbox"/> Great Grandfather-...../...../..... |
| <input type="checkbox"/> Great Grandmother-...../...../..... | <input type="checkbox"/> Great Grandmother-...../...../..... |
| <input type="checkbox"/> Paternal Grandmother-/...../..... | <input type="checkbox"/> Paternal Grandmother-/...../..... |
| <input type="checkbox"/> Great Grandfather-/...../..... | <input type="checkbox"/> Great Grandfather-/...../..... |
| <input type="checkbox"/> Great Grandmother-/...../..... | <input type="checkbox"/> Great Grandmother-/...../..... |



4. PRIVACY STATEMENT

The NWOT 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 NWOT Group for purposes in connection with the assessment of your application; the maintenance of whakapapa records, membership and hapū databases, voting register; the functions of the NWOT Group; keeping you updated on matters concerning your membership, hapū and the activities of the NWOT Group; and any other purposes that the NWOT Group considers beneficial to Ngāti Whātua Ōrākei hapū ("Purposes").

From time to time the NWOT Group may need to disclose your personal information to third parties. That disclosure will only be in connection with one or more of the above Purposes.

If you wish to update or correct your personal information at any time or have any questions concerning your privacy, please contact:

Ngāti Whātua Ōrākei Trust Office
Phone: (09) 336 1670
Email: register@ngatiwhatuaorakei.com

5. DECLARATION

I 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 authorise the NWOT 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.

Applicant name: _____

Applicant signature: _____

Date: ____/____/____

Office Only

- Copies of Birth certificate & Photo ID verified
- Whakapapa verified
- Application complete

DATE RECEIVED:

Registration Checklist

- | | |
|-----------------------------------------|--------------------------------------------------------------------------------|
| <input type="checkbox"/> Full Name | <input type="checkbox"/> All relevant information is captured/readable |
| <input type="checkbox"/> Gender | <input type="checkbox"/> Whakapapa |
| <input type="checkbox"/> DOB | <input type="checkbox"/> Applicant is 18 years of age or older |
| <input type="checkbox"/> Address | <input type="checkbox"/> Applicant is not registered already |
| <input type="checkbox"/> Contact Number | <input type="checkbox"/> Signed by applicant if 18+ |
| <input type="checkbox"/> Email | <input type="checkbox"/> Signed by parent, guardian or grandparent if under 18 |

Member Number issued: _____