



Te Runanga o Waihao Inc APPLICATION FOR REGISTRATION

73 High Street, PO Box 14 Waimate
Phone 03 689 7780 ** Fax 03 689 7784 ** Email waiha06@xtra.co.nz

SURNAME				NO:		
				(OFFICE USE ONLY)		
FIRST NAMES						
MAIDEN OR OTHER NAME						
DATE OF BIRTH			AGE			
POSTAL ADDRESS			RESIDENTIAL ADDRESS <i>(if different)</i>			
HOME PHONE			FAX			
WORK PHONE			Okay to contact you at work?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
MOBILE PHONE			Okay to send you text messages?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
EMAIL ADDRESS			Do you wish to receive correspondence by email	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
<p>Please list up to 4 of the 1848 Kaumatua that you claim your Waihao descent from: Attention is drawn to Section 7,8 and 13 of the "Te Runanga o Ngai Tahu Act 1996", together with the 1848 list of Ngai Tahu Kaumatua (generally referred to as the Blue Book)</p>						
1848 Kaumatua Name			Kaumatua No	File No		
<p><i>I acknowledge that the information contained in this form provided by me to Te Runanga o Waihao is subject to the Privacy Act 1993; and that by signing this form I agree that Te Runanga o Waihao may use this information to maintain its registration records , Papatipu Runanga Voting roll, contact database and any other purpose which Te Runanga o Waihao considers reasonable.</i></p>						
SIGNATURE				DATE		
SIGNATURE OF PARENT OR GUARDIAN <small>Parents/Guardians may sign this application on behalf of minors.</small>				DATE		
FULL NAME OF PARENT/GUARDIAN				RELATIONSHIP		
OCCUPATION <i>(Optional)</i>			SKILLS <i>(Optional)</i>			

