



Te Kōpere o te iwi o Hineuru

Ko Titiōkura te maunga
Ko Mōhaka te awa
Ko Ngāti Hineuru te iwi
Ko Te Rangīhira te tangata
Ko Mātaatua te waka

Hineuru Register Application for Registration

Purpose

Te Kōpere o te iwi o Hineuru Trust, as the representative post-settlement governance entity for Hineuru, is required by the Trust Deed of Te Kōpere, to actively administer and maintain a register of Hineuru members.

The purpose of collecting the information on this form is to allow Te Kōpere to maintain a comprehensive record of all members of Hineuru so that all eligible persons are given the opportunity to formally participate in the representation of Hineuru and in furtherance of the purposes and objects of Te Kōpere. This includes, but is not limited to, furthering the cultural, environmental, economic and social advancement of Hineuru.

All adult members, non-adult members and legally adopted members that whakapapa to Hineuru are welcome to register on their own behalf and/or by their legal guardian as appropriate.

All applications will be confirmed by return correspondence with your individual Hineuru member registration number included.

Applicant Details

Please tick the box if you are legally adopted

First Name: _____

Middle Names: _____

Last Name: _____

Maiden Name : _____

Date of Birth: Day ____ Month _____ Year _____

Circle: Tane/Wahine

Spouse:

Last Name: _____ First Name: _____ M/F

Contact Details

Address: _____ City: _____ Post Code: _____

Country: _____

Landline Ph: _____ Mobile Ph: _____

Email address: _____

No. of Children: _____ Occupation: _____

Office Use Only (Version 3, 9 March 2016)

Date received:

Date validated:

Member Registration Number:

Validated by:

Please return completed applications to:

Te Kōpere o te iwi o Hineuru, PO Box 406, Te Puke 3153 or email info@ngatihineuru.com For any queries phone 027 429 2871.

YOUR TAMARIKI

*Please complete a row below for each member of your whanau who is below the age of 18 years.
All whanau over the age of 18 years must complete a separate Application for Registration form of their own.*

First Name	Last Name	DOB	M/F	Relationship to Applicant	OFFICE USE ONLY Membership Registration No:

Please continue on a separate sheet if required.

Private Notice Option

Tick the box if you wish to receive private notice relating to general meetings and business and postal ballot papers so that you may vote on elections, constitutional amendments, and so forth. The notice will be sent to the address provided on this form.

Declaration

I HEREBY DECLARE THAT THE INFORMATION IN THIS APPLICATION IS TRUE AND CORRECT

I acknowledge by signing this form I agree that Te Kōpere may use this information to maintain its register, whakapapa records, contact databases and any other purpose which Te Kōpere considers reasonable and to further the objects contained in its Deed of Trust. This includes the disclosure of this information to a body or entity within the Hineuru Group (as defined in the Deed of Trust).

Signature: _____ Date: _____

Privacy

Te Kōpere o te iwi o Hineuru Trust will in accordance with the provisions of the Privacy Act 1993, 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.

Ngāti Hineuru Whakapapa- clearly indicate Ngāti Hineuru whakapapa/tīpuna and indicate whether Ngāti Hineuru line is maternal/paternal or both.

Your name	Matua/Father			
			Matua's Matua's Matua/Great	
			Grandfather	
			Matua's Matua's Whaea/Great	
			Grandmother	
			Matua's Whaea's Matua/Great	
	Whaea/Mother		Grandfather	
			Matua's Whaea's Whaea/Great	
			Grandmother	
			Whaea's Matua's Matua/Great	
			Grandfather	
	Whaea's Matua's Whaea/Great			
	Grandmother			
	Whaea's Whaea's Matua/Great			
	Grandfather			
	Whaea's Whaea's Whaea/ Great			

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