

# Registration as a member of Ngati Kinohaku

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## Registration Form

Last Name: \_\_\_\_\_

First Name(s): \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

Telephone No's: \_\_\_\_\_

E-mail: \_\_\_\_\_

Male/ Female                      Date of Birth    \_\_\_\_/\_\_\_\_/\_\_\_\_

Father's Name: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Hapū: \_\_\_\_\_

Marae: \_\_\_\_\_

Tupuna Ref: \_\_\_\_\_

Signature: \_\_\_\_\_

Date:                      \_\_\_\_/\_\_\_\_/\_\_\_\_

Office use only: All information provided on the registration will be protected under the terms and conditions of the Privacy Act 1993. Acceptance of any registrations are subject to Kaumatua/Kuia verification.

Kaumatua/Kuia verification: \_\_\_\_\_

\_\_\_\_\_

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**Return to:**  
**Ngati Kinohaku**  
**C/- P.O. Box 157**  
**TE KUITI**