

**HOKONUI RUNANGA INC. SOCIETY**  
**REGISTRATION FORM**

P.O. Box 114  
 Gore  
 Phone: (03) 208-7954  
 Fax: (03) 208-7964  
 Email: [hokonui@xtra.co.nz](mailto:hokonui@xtra.co.nz)

I, *First Name/s:* \_\_\_\_\_ *Surname:* \_\_\_\_\_

*Of, Postal address:* \_\_\_\_\_

*Contact Phone Number:* \_\_\_\_\_ *Email:* \_\_\_\_\_

*Occupation:* \_\_\_\_\_

*Date of Birth:* \_\_\_\_\_ *Male*  *Female*

**Descendant of (Please List):**

1848 Kaumatua	Kaumatua Number	File Number
1)		
2)		
3)		
4)		
5)		
6)		
7)		
8)		

(PLEASE TICK WHERE APPROPRIATE)

Wish to register my intent to becoming a member of the above said Papatipu Runanga, this being accordance with the Te Runanga O Ngai Tahu Act 1996, giving the right to being a member of Ngai Tahu Whanui.

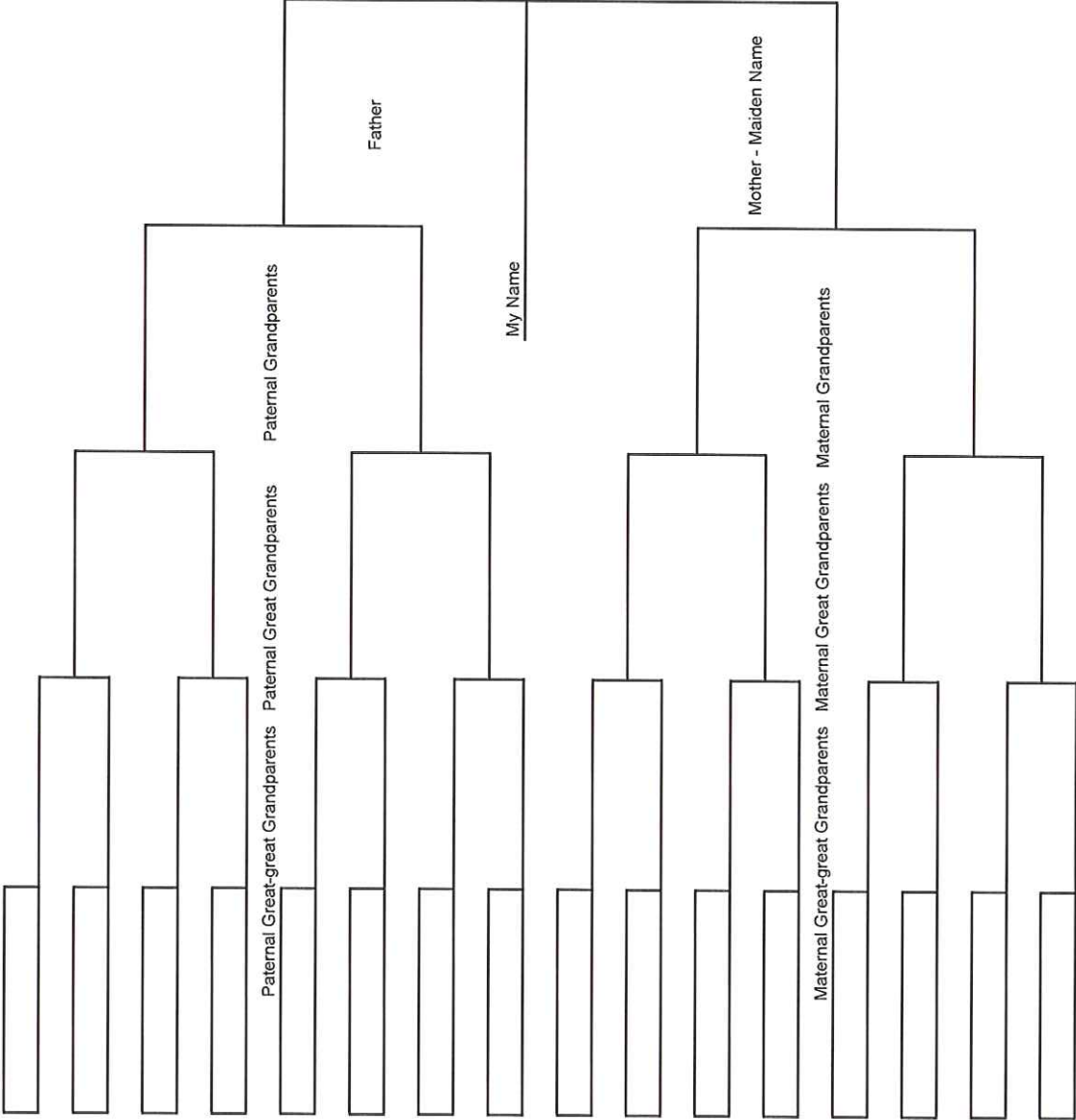
Or/

Wish to register my intent to become an associate member of the Hokonui Runanga Inc Society

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
*(Parents or Guardians may sign this application on behalf of minors)*

Please complete the Whakapapa Information on reverse side.

<b>OFFICE USE ONLY</b>	
<i>Date Received:</i> _____	<i>Whakapapa Unit Check:</i> YES / NO
<i>Signed:</i> _____	<i>Signed:</i> _____



Hokonui Runanga Incorporated  
**Registration Form**  
 On this whakapapa graph the applicants full name and the names of both parents should be given but thereafter it is necessary to trace only the line of descent to the original "1848 Kaumatua"

**Please note the following:** I have the following children under the age of 18 years at the time of this registration

1. ....  
 Date of Birth ..... Boy/Girl

2. ....  
 Date of Birth ..... Boy/Girl

3. ....  
 Date of Birth ..... Boy/Girl

4. ....  
 Date of Birth ..... Boy/Girl

5. ....  
 Date of Birth ..... Boy/Girl

6. ....  
 Date of Birth ..... Boy/Girl