

# Hokonui Runanga Inc. Society

## REGISTRATION FORM

PO Box 114, Gore 9740

**Phone:** (03) 208 7954

**Fax:** (03) 208 7964

**Email:** [hokonui.office@ngaitahu.iwi.nz](mailto:hokonui.office@ngaitahu.iwi.nz)

FIRST NAME/S:

SURNAME

POSTAL ADDRESS

PHONE NUMBER

EMAIL ADDRESS

OCCUPATION

DATE OF BIRTH

MALE

FEMALE

I am a descendant of:

1848 KAUMATUA

KAUMATUA NUMBER

FILE NUMBER

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

— OR —

I wish to register my intent to becoming an associate member of Hokonui Runanga Inc Society.

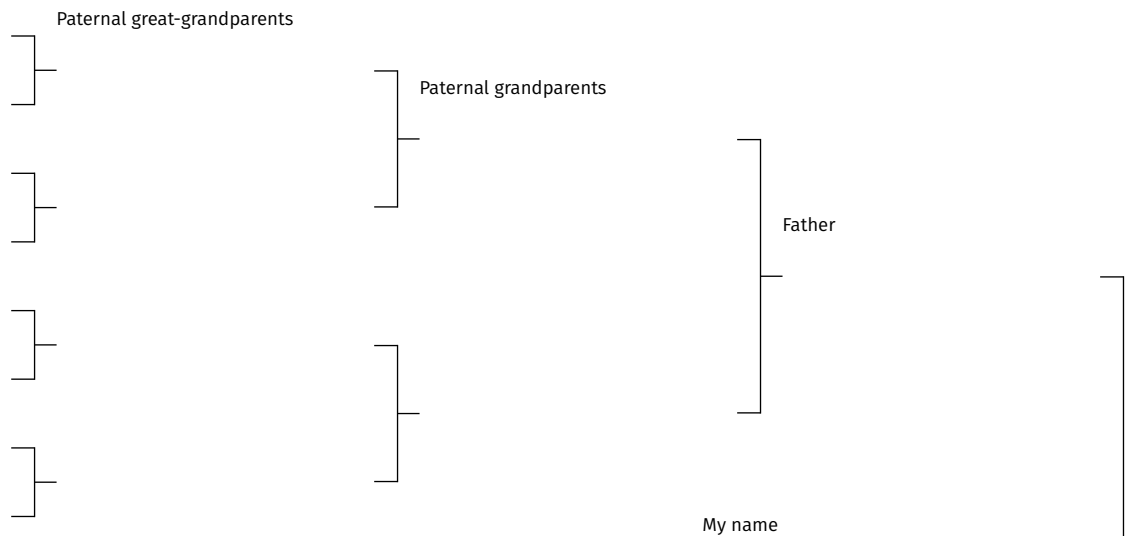
DATE TODAY

Please continue to page 2 of this form

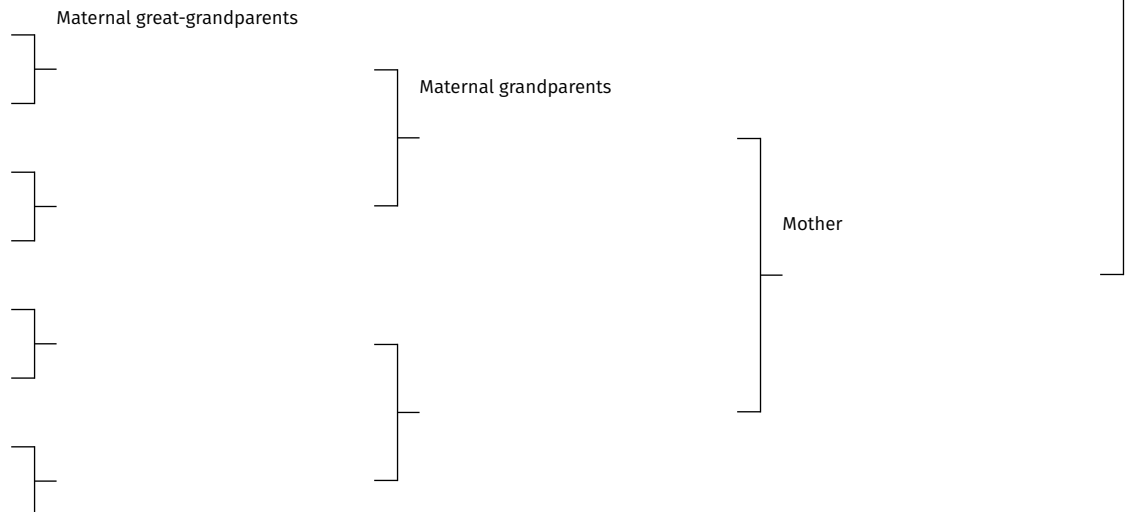
# Whakapapa

On this whakapapa graph the applicant's 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".

Paternal great-great-grandparents



Maternal great-great-grandparents



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

NAME:		NAME:		NAME:	
DATE OF BIRTH:	MALE	DATE OF BIRTH:	MALE	DATE OF BIRTH:	MALE
	FEMALE		FEMALE		FEMALE
NAME:		NAME:		NAME:	
DATE OF BIRTH:	MALE	DATE OF BIRTH:	MALE	DATE OF BIRTH:	MALE
	FEMALE		FEMALE		FEMALE

When you have completed this form please save it and email it as an attachment to [hokonui.office@ngaitahu.iwi.nz](mailto:hokonui.office@ngaitahu.iwi.nz)