

Membership Application Form

- *I wish to become a member of the Te Rūnanga o Ngāti Whakaue ki Maketu Incorporated.*
- *I agree that I am eligible for membership in accordance with the Rules.*
- *I agree to abide by the Rules of the Society.*

Please indicate which membership type you are applying for (please tick one):			
Full Member <i>(He uri no Ngāti Whakaue Kaipapa)</i>		Affiliate Member <i>(Connected to Ngāti Whakaue)</i>	

Surname	
First Name	
Date of Birth	
Postal Address	
Physical Address	
Email Address	
Telephone 1	
Telephone 2	

Please turn over.

Please return completed form to:-
Mail: Postal Centre, Maketu 8139 or
Email: korero-mai@maketu-runanga.iwi.nz

Whakapapa

Please complete below OR attach a copy of your whakapapa.

Great grandparents	
Grandparents	
Parents	

Signature of Applicant:	
Signature	
Date	

Office Use Only			
Whakapapa Verified	Yes /No	Kaumatua Name	
		Signature	
Approved	Yes /No	Date Approved	
Membership Number		Approved By	

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