



# Te Roroa

Reference No:

## Te Roroa Membership Registration Form

### **Criteria for registering:**

All members must be descendants of either Manumanu or Rangitauwawaro, the recognised tupuna of Te Roroa.

### **Why Register?**

1. To participate in the election of the Te Roroa Governance entity
2. To be active in any decision making
3. To be included in Te Roroa communications and networks
4. To build the Te Roroa database

### **The Right of Appeal:**

If for any reason your registration is declined, you have the right to appeal by contacting the Chairman at the Te Roroa office

### **Supporting Documentation:**

Birthdate verification is required i.e. copy of Birth Certificate, copy of Drivers Licence, copy of Passport.

### **Privacy of information:**

The information supplied is confidential within the terms of the Privacy Act 1993.

**A person may only access their own personal information**

### **For more information:**

Te Roroa Office

1 Waipoua River Road

PO Box 317

DARGAVILLE 0340

Phone: 09-439 6443

Fax: 09-439 6443

Email: panui@teroroa.iwi.nz

### **Office use only**

Confirmed by:

Date received:

Date verified:

Date entered:



©TM

# Te Roroa

## Your Whakapapa

Please complete this chart showing your Te Roroa Whakapapa

## Your Details

First name/s \_\_\_\_\_  
\_\_\_\_\_

Phone \_\_\_\_\_

Fax \_\_\_\_\_

Mobile \_\_\_\_\_

Surname \_\_\_\_\_

Email \_\_\_\_\_

Gender: Male / Female *Please circle one*

What skills or talents do you have that may benefit Te Roroa?  
\_\_\_\_\_

Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Full Postal Address:

Residential Address:

No \_\_\_\_\_

No \_\_\_\_\_

Street \_\_\_\_\_

Street \_\_\_\_\_

Suburb \_\_\_\_\_

Suburb \_\_\_\_\_

City \_\_\_\_\_

City \_\_\_\_\_

Country \_\_\_\_\_

Country \_\_\_\_\_

## Your children

First Names \_\_\_\_\_

First Names \_\_\_\_\_

Surname \_\_\_\_\_

Surname \_\_\_\_\_

Gender: Male / Female *Please circle one*

Gender: Male / Female *Please circle one*

Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_

First Names \_\_\_\_\_

First Names \_\_\_\_\_

Surname \_\_\_\_\_

Surname \_\_\_\_\_

Gender: Male / Female *Please circle one*

Gender: Male / Female *Please circle one*

Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_

First Names \_\_\_\_\_

First Names \_\_\_\_\_

Surname \_\_\_\_\_

Surname \_\_\_\_\_

Gender: Male / Female *Please circle one*

Gender: Male / Female *Please circle one*

Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_

## Your Marae

Waikara

Waikaraka

Whakamaharatanga

Matatina

Pananawe

Te Houhanga



# Te Roroa

Your Parents	Your Grandparents	Your Great-Grandparents
Your Mother  Iwi	Full Name	Full Name
	Full Name	Full Name
Your Father  Iwi	Full Name	Full Name
	Full Name	Full Name

<b>Tupuna</b>	If you do not know the name of your Te Roroa great grandparent, please write the name of a Te Roroa Tupuna from whom you descend
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<b>Certification</b>	<b>I believe that the information provided on this registration form is correct and have attached a copy of the required birth date verification documentation.</b>
Signature of the Applicant:  	Verification of Whakapapa by Marae Representative Name of Representative:  Signature of Representative:  
Date: ___/___/___	Date: ___/___/___

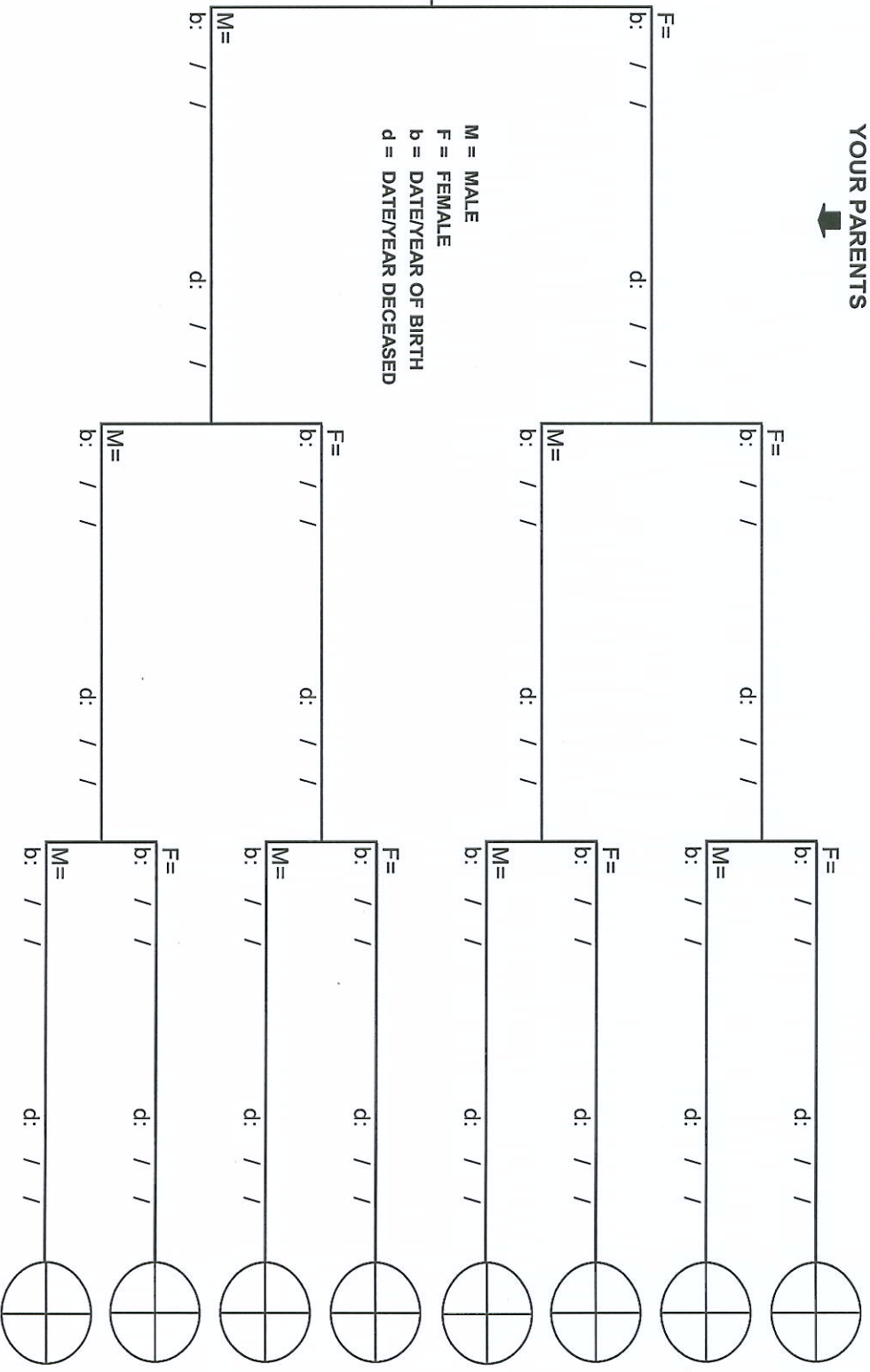
**YOUR PARENTS CHILDREN**

MALE = (M)  
FEMALE = (F)

1	b: / /	d: / /	( )
2	b: / /	d: / /	( )
3	b: / /	d: / /	( )
4	b: / /	d: / /	( )
5	b: / /	d: / /	( )
6	b: / /	d: / /	( )
7	b: / /	d: / /	( )
8	b: / /	d: / /	( )
9	b: / /	d: / /	( )
10	b: / /	d: / /	( )
11	b: / /	d: / /	( )
12	b: / /	d: / /	( )
13	b: / /	d: / /	( )
14	b: / /	d: / /	( )
15	b: / /	d: / /	( )
16	b: / /	d: / /	( )

**YOUR PARENTS**

M = MALE  
F = FEMALE  
b = DATE/YEAR OF BIRTH  
d = DATE/YEAR DECEASED



**WHAKAPAPA CHART**  
**GRANDPARENTS**

REF. NO. \_\_\_\_\_  
**GREAT GRAND PARENTS**      **IWI/TRIBE**

Researched/Compiled by: \_\_\_\_\_

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

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

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

Phone: \_\_\_\_\_

\_\_\_\_\_