

Registration as a member of Ngati Rereahu

Registration Form

Last Name: _____

First Name(s): _____

Address: _____

Telephone No's: _____

E-mail: _____

Male/ Female Date of Birth ____/____/____

Father's Name: _____

Mother's Name: _____

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: _____

Return to:
Te Maru O Rereahu Trust,
C/- Maraeroa Administration Services
23 King Street East
P O Box 376
TE KUITI

Phone: 0-7 878 7177
Fax: 0-7 878 7175
Email: maraeroa@maraeroac.co.nz