



# TATAI KI TE RARAWA

**Tātai ki Te Rarawa** is our iwi database. Its kaupapa is to tātai or connect whanau with their marae and hapū and the mahi of Te Rarawa.

You can also register online at [www.terarawa.iwi.nz](http://www.terarawa.iwi.nz)

NB: Whānau under the age of 18 must be registered by a parent or caregiver

## Who can become a member?

- A person who can whakapapa to a Te Rarawa marae
- Tangata atawhai/adoptee of a person who can whakapapa to a Te Rarawa marae

\*Required

<b>Name</b>				<b>Gender*</b>
_____	_____	_____	_____	<input type="checkbox"/> Male
<b>Title*</b>	<b>First Name*</b>	<b>Middle Name</b>	<b>Last Name*</b>	<input type="checkbox"/> Female
Maiden Name (if applicable): _____				<b>Date of Birth*</b>
Alias/Nickname (if applicable): _____				DD / MM / YYYY

Provide at least one method of contact\*

<b>Mobile Phone</b> _____	<b>Home Phone</b> _____	<b>Work Phone</b> _____
<b>Email Address</b> _____		

## Correspondence

- ☐ I wish to receive private notices relating to general meetings and voting papers
- ☐ I wish to receive notices from my affiliated marae

## Whakapapa Affiliation\*

- ☐ I whakapapa to a Te Rarawa marae
- ☐ I am atawhai/adopted by a person who can whakapapa to a Te Rarawa marae

<b>Highest Qualification Attained</b>	<b>Areas of study</b>
	<b>Occupation</b>

## Postal Address\*

**Address Line 1:** \_\_\_\_\_

**Line 2:** \_\_\_\_\_

**Town/City:** \_\_\_\_\_ **Postcode:** \_\_\_\_\_

**Whakapapa\***

Please name at least one Te Rarawa parent and provide full names for all whakapapa - avoid nicknames

		_____ Great Grandmother
	_____ Grandmother	
		_____ Great Grandfather
_____ Mother		_____ Great Grandmother
	_____ Grandfather	
		_____ Great Grandfather
		_____ Great Grandmother
	_____ Grandmother	
		_____ Great Grandfather
_____ Father		_____ Great Grandmother
	_____ Grandfather	
		_____ Great Grandfather

Your application will go to your chosen marae for validation. They may contact you if they require more information.

**Children, Grandchildren under 18**

*If adding a grandchild, please provide the parent's full name.*

First and Last Name*	Birth Date*	Gender*	Child's Parent*	Email/Mobile

***If you have supporting information to your application, please see Page 4***

## Marae Affiliation

You may affiliate to more than one marae. Please select a primary marae for voting purposes, then identify other marae you affiliate to.

**Primary Mara\*** \_\_\_\_\_

## Additional Mara

Nga marae o Te Rarawa	Rohe	Hapu
<input type="checkbox"/> Korou Kore	Ahipara	Ngāti Moroki
<input type="checkbox"/> Manukau	Manukau	Ngāti Hine, Patupinaki
<input type="checkbox"/> Matihetihe	Mitimiti	Te Tao Maui
<input type="checkbox"/> Morehu	Pawarenga	Te Uri o Tai
<input type="checkbox"/> Motutī	Motutī	Ngāti Temaara, Ngāti Tamatea, Te Kaitutae, Te Waiariki, Ngāti Muri Kahara
<input type="checkbox"/> Ngāi Tūpoto	Motukaraka	Ngāi Tūpoto, Ngāti Here
<input type="checkbox"/> Ngāti Manawa	Panguru	Ngāti Manawa, Te Waiariki, Te Kaitutae
<input type="checkbox"/> Ōhaki	Pawarenga	Te Uri o Tai
<input type="checkbox"/> Ōwhata	Ōwhata	Ngāti Torotoroa
<input type="checkbox"/> Pāteoro	Te Karae	Te Ihutai
<input type="checkbox"/> Pikipāria	Kohukohu	Te Ihutai
<input type="checkbox"/> Rangikohu	Herekino	Ngāti Kuri, Te Aupouri
<input type="checkbox"/> Roma	Ahipara	Ngāti Waiora, Ngāti Pakahi, Te Patukirikiri, Parewhero
<input type="checkbox"/> Taiao	Pawarenga	Te Uri o Tai, Kaingamata, Ngāti Te Ao
<input type="checkbox"/> Tauteihiihi	Kohukohu	Te Ihutai
<input type="checkbox"/> Te Arohanui	Mangataipa	Kohatutaka, Tahawai, Te Ihutai
<input type="checkbox"/> Te Kotahitanga	Whangape	Ngāti Haua
<input type="checkbox"/> Te Rarawa	Pukepoto	Ngāti Te Ao, Te Uri o Hina
<input type="checkbox"/> Te Uri o Hina	Pukepoto	Ngāti Te Ao, Te Uri o Hina
<input type="checkbox"/> Waihou	Waihou	Ngāti Te Reinga
<input type="checkbox"/> Wainui	Ahipara	Ngāti Moetonga Te Rokeka
<input type="checkbox"/> Waiparera	Rangi Point	Tahawai, Patutoka, Whanau Pani, Te Hokoheha
<input type="checkbox"/> Waipuna	Panguru	Te Waiariki, Te Kaitutae

## Privacy

Te Rūnanga o Te Rarawa will, in accordance with the provisions of the Privacy Act 1993, make available to you upon request the personal information it holds about you and will make any appropriate corrections to that information to ensure that the information held is accurate.

Te Rūnanga o Te Rarawa will make available the name of all affiliates for iwi viewing on Tātai ki Te Rarawa, and provide information to the relevant marae. Submission of the completed membership form is taken as authorisation to make available affiliate details for such purposes.

## Declaration\*

*I hereby declare that the information in this form is correct*

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Te Rarawa

16 Matthews Avenue, Kaitaia | PO Box 361, Kaitaia 0441

Ph: 09 408 0141 | Fax: 09 408 0654 | Email: admin@terarawa.co.nz

**Supporting information**

If you have more information to support your application, please supply it here.

*eg. the names of your great great grandparents*