



**Kurahaupo**  
Ki Te Waipounamu Trust

KURAHAUPO KI TE WAIPOUNAMU TRUST

## Application for Membership

### YOUR DETAILS

Title (Please circle one)

Mr Mrs Miss Ms Dr.

First Name

Middle Name

Surname

Gender: (Please circle one)

M

F

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

Whangai (Please circle one)

Yes

No

Educational Qualifications

Secondary

Tertiary

Trade

Full Postal address:

Residential Address: (Please complete if different from above)

Alternative Address/Contact Details:

E Mail

Telephone

Fax

Mobile

Iwi Affiliation: (Please circle which one/s you belong to)

Ngati Apa

Ngati Kuia

Rangitane

Tipuna (if known)

Land Block reference# (if known)

Refer to Kurahaupo Information Booklet (page 8) for Tipuna details

### CERTIFICATION & AUTHORITY

I believe that the information provided on this registration form is correct and agree that it may be utilised by the Kurahaupo Ki Te Waipounamu Trust for verification of Office of Treaty Settlement.

Signature of Applicant

Date

**PLEASE RETURN THIS FORM TO:**

**The Secretary, Kurahaupo Ki Waipounamu Trust PO Box 744 Blenheim**

# YOUR WHAKAPAPA DETAILS

## PARENTS

**Your Mother**  
\_\_\_\_\_

**Your Father**  
\_\_\_\_\_

## GRAND PARENTS

Full Name  
\_\_\_\_\_  
Full Name  
\_\_\_\_\_

Full Name  
\_\_\_\_\_  
Full Name  
\_\_\_\_\_

## GREAT GRANDPARENTS

Full Name  
\_\_\_\_\_  
Full Name  
\_\_\_\_\_  
Full Name  
\_\_\_\_\_  
Full Name  
\_\_\_\_\_

Full Name  
\_\_\_\_\_  
Full Name  
\_\_\_\_\_  
Full Name  
\_\_\_\_\_  
Full Name  
\_\_\_\_\_

## CHILDREN

If you have children under 18 years please register them here:

If you have more than 5 children, please provide appropriate details on the reverse of this form

First Name \_\_\_\_\_ Surname \_\_\_\_\_

Gender (Please circle one) M F Birth Date \_\_\_ / \_\_\_ / \_\_\_

First Name \_\_\_\_\_ Surname \_\_\_\_\_

Gender (Please circle one) M F Birth Date \_\_\_ / \_\_\_ / \_\_\_

First Name \_\_\_\_\_ Surname \_\_\_\_\_

Gender (Please circle one) M F Birth Date \_\_\_ / \_\_\_ / \_\_\_

First Name \_\_\_\_\_ Surname \_\_\_\_\_

Gender (Please circle one) M F Birth Date \_\_\_ / \_\_\_ / \_\_\_

First Name \_\_\_\_\_ Surname \_\_\_\_\_

Gender (Please circle one) M F Birth Date \_\_\_ / \_\_\_ / \_\_\_

For Office Use Only: T/PIK System I.D. _____	Date Received _____
---	------------------------