

Te Whariki Tautoko
Incorporated Society



He tono mo te whai mema ki Te Whariki Tautoko
Application for Membership

INGOA/NAME:	ROHE/AREA:
KAINGA NOHO/HOME ADDRESS:	KAINGA MAHI/WORK ADDRESS:
WAEA KAINGA/PH. HM:	WAEA MAHI/PH.WK: (if applicable)
WAEA KAWE/CELLPHONE:	EMAERA/EMAIL:
RA WHANAU/BIRTHDATE:	MATAWAKA/ETHNICITY:
IWI/TRIBAL AFFILIATIONS:	HAPU/SUBTRIBE AFFILIATIONS:
This form is for use by current members only	

Declaration

This information will be used for the purpose of achieving the aims and objectives of Te Whariki Tautoko and appropriate information retention. Membership status may be published on the Te Whariki Tautoko website in an area which is accessible to the public. Otherwise, unless required by law, personal details will not be shared with any other organisation or individual, except for statistical purposes.

Name: _____
(Please print)

Signature: _____ Date: _____

Please email your completed form to:
whariki18@gmail.com

Note: Membership invoices will be issued in the name of the member unless advised otherwise

Bank Account Details:

Bank of New Zealand
Te Whariki Tautoko
02-0784-0040595-000

Please use your name as a reference when making payment.