

MEMBER LOGIN ID



TE REO WHAKARAUORA – TAPUIKA REO REVITALISATION STRATEGY - 2018

TAUIRA REGISTRATION FORM

Personal Details:

Mr Mrs Ms Miss Master Other

Surname: (Capitals)

Maiden Name:

First Names:

Date of Birth: (dd/mm/yy)

Male/Female

Age:

Address: Physical

Address - Postal

Email - Address

Contact: MOB

Work

Home

Wananga Reo [] **Wananga Tikanga** [] **Kainga** [] **Mahi** [] **Takaaro** [] **Atamira** []

Whakapapa:

Tapuika Hapu Tuheke Moko Marukukere Kuri

1. Tapuika Tupuna Kuia/Koroua – (Great)
2. Tapuika Kuia/Koroua (Grandparent)
3. Tapuika Matua/Whaea – Parents
4. Te Kairehita – The Registrant

Project Status: He Tauira He Kaiwhakaako He Kaitakawaenga He Kaitautoko

Confirmation:

I confirm that I will commit to the kaupapa and that the information given in this form is true and correct.

Signed

Certified

Te Kai Rehita

Te Kaitakawaenga

Date:

Date: