

Te Rūnanga o Makaawhio Inc Application for Registration

Tēnā koe

Te Rūnanga o Makaawhio Inc is the legal representative of Kāti Māhaki ki Makaawhio, the hapū holding mana whenua for the southern half of Te Tai o Poutini (West Coast, South Island). It has legal identity under the Te Rūnanga o Ngāi Tahu Act 1996 as one of its 18 constituent papatipu rūnanga.

Am I eligible to register with Te Rūnanga o Makaawhio Inc ? Membership is open to those able to prove direct descent from Kāti Māhaki tipuna-Te Koeti Tūranga, Kinihe te Kaoho, Kere Tūtoko, Rāwiri Mokohuruhuru, Parata Tiraahiahi, Pori, Hunia, Te Kuini, Rora, Te Kou as listed by James McKay in 1860 as the original owners of the Mahitahi and Makaawhio reserved lands in the Bruce Bay district and including descendents of the tipuna Tūtoko and Hinepare. *(Membership clause-Te Rūnanga o Makawhio Inc Rules 2001)*

To register you must complete this application form including your whakapapa tracing your descent back to one of the listed tipuna.

Once completed, please ensure that you have signed and dated the declaration, then post your application to **Po Box 225, Hokitika.**

Your registration form will then be assessed for eligibility and once signed off, you will receive confirmation of registration and be added to our database.

Further contact details are noted below if you would like to receive extra registration forms, have any questions, wish to call in, share any news or to catch up with what's happening.

**Free phone: 0800 955 007 Phone: 03-755-7885
Fax: 03-755-6885 Email: makawhio1@xtra.co.nz**

**Level 1, ASB Bank Building
99 Revell Street, Hokitika**



Te Rūnanga o Makaawhio Inc

**Ko Aoraki te mauka ariki
Ko Tūtoko te mauka tipuna
Ko Makaawhio te awa tapu
Ko Uruao te waka
Ko Te Tauraka Waka a Māui te marae
Ko Rakaihautu te takata
Ko Te Koeti Tūranga te tipuna
Ko Kāti Māhaki te hapū
Ko Kāti Māmoe, ko Kāi Tahu kā iwi
Tihei mauri ora!**

Title: Mr/Mrs/Ms/Miss/Mstr/other:	<input type="text"/>	Address:	<input type="text"/>
First Name(s):	<input type="text"/>		<input type="text"/>
Middle Name(s):	<input type="text"/>		<input type="text"/>
Surname:	<input type="text"/>	Postal Code:	<input type="text"/>
Preferred Name:	<input type="text"/>	Postal Address:	<input type="text"/>
Nick Name:	<input type="text"/>		<input type="text"/>
Date of Birth:	<input type="text"/>		<input type="text"/>
Occupation:	<input type="text"/>	Postal Code:	<input type="text"/>
Phone Home:	<input type="text"/>	Phone Work:	<input type="text"/>
Fax:	<input type="text"/>	Mobile:	<input type="text"/>
E-mail Address:	<input type="text"/>	Interests:	<input type="text"/>

DECLARATION: I, _____, hereby apply to register as a member of Te Rūnanga o Makaawhio Inc
(Applicant name)

I certify that the whakapapa attached with this application is true and correct and that I am a direct descendent of

_____, an original 1860 kaumatua as specified.
(Tipuna name) (Membership-Te Rūnanga o Makaawhio Inc rules 2001)

Signature: _____ Date: _____
(Parents or Guardians may sign this application on behalf of a minor)

Office use: Approved/Declined

Signature: _____

Signature: _____

