



Te Kahui Atawhai O Te Motu Inc
National Collective Iwi Maori Social Services

Membership Form

Te Kahui Atawhai O Te Motu Inc Membership Form

Name of Roopu Maori: _____

Physical Address: _____

Postal Address: _____

City: _____

Telephone Number: _____

Facsimile Number: _____

Email: _____

Representative Signature: _____

Position: CEO Manager Co-ordinator Supervisor
 Social Worker Other Please Specify: _____

1. Organisation/Roopu Services:

Please give a brief profile your organisations/roopu services

1) Any information received will be held by Te Kahui Atawhai O Te Motu Inc or conveyed to certain bodies e.g. Child, Youth and Families to Te Kahui Atawhai O Te Motu Inc. You have certain rights under the Privacy Act 1993 to see and correct information, which Te Kahui Atawhai O Te Motu holds about your roopu.

2) The information will be used to enable Te Kahui Atawhai O Te Motu Inc to identify as many roopu as possible, so that they are informed of and may participate in Te Kahui Atawhai O Te Motu Inc matters.

3) The information obtained in this membership form may also be used to identify and create an additional register of those members who may have social services as part of it's approach to their delivery of services to Maori but not limited to social services, who may still take part in any process relating to Te Kahui Atawhai O Te Motu Inc and/or derive any entitlement as members in the future from a Treaty of Waitangi settlement with the Crown.

4) I acknowledge the above and consent to the disclosure of the roopu information to Te Kahui Atawhai O Te Motu Inc and for the roopu name to be placed on the register and I declare the above information is correct.

Representative Signature: _____ Date: __/__/____

Representative Name: _____
(Please Print)

Membership Subscription Remittance Advice:

1 – 4 Staff <input type="checkbox"/>	5 – 10 Staff <input type="checkbox"/>	More than 10 Staff <input type="checkbox"/>
\$100.00	\$200.00	\$300.00

Organisation: _____

Amount Enclosed: _____

Please return to: Te Kahui Atawhai O Te Motu Inc
P O Box 537
Hamilton

Or Direct Credit: National Bank, Hamilton
06 – 0317 – 0696309 - 00