

Te Wakahuia o Hine

Membership Registration Form



Please email your completed Membership Registration Form to the Treasurer at: tewakahuiaohine@gmail.com

Membership Registration Information			
Last Name		First Name	
Address			
Phone		Birth Date	
Email			
Ethnicity		Nationality	
Iwi			
Hapū			

Membership Registration Type	Student	✓	Other	✓
Tangata Whenua Member	\$15.00		\$30.00	
Whānau of a Tangata Whenua Member	\$15.00		\$30.00	
Kaumātua	\$15.00		\$15.00	
Payment Due following application decision review and payment advice from Treasurer			\$	

Practice / Occupation Information			
Registered Midwife	LMC Area		Core Staff DHB
Midwifery Student	Institution		Year
Whānau / Kaumātua	Occupation / Organisation		

Membership / Regulatory Information	✓	
Ngā Māia		Region
Māori Women's Welfare League		Region
Midwifery Council of New Zealand		MCNZ#
New Zealand College of Midwives		Region
New Zealand Nurses Organisation		Region
Other (Please specify)		
Other (Please specify)		

Tangata Whenua Member Nomination	Signature	Date
Member 1		
Member 2		

Applicant Declaration	Signature	Date
I confirm that I have read, understand, and am committed to upholding the Objects, Purposes, and Tikanga of Te Wakahuia o Hine.		

Office Use	Approved		Declined		Payment Received		Bank Account 12-3233-0332894-00
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