



KAHUKURAARIKI TRUST

PO.BOX 83 KAITAIA D441

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First Names	
Last Name	
Gender:	(<i>tick the circle</i>) Male <input type="radio"/> Female <input type="radio"/>
DOB:	
Email:	
Phone:	
Mobile:	
Address:	
City:	
Country:	
Post Code	

(** For voting purposes, please tick only ONE Marae)

Mangatowai <input type="radio"/>	Waimahana <input type="radio"/>	Waitaruke <input type="radio"/>	Taupo <input type="radio"/>
Te Komanga <input type="radio"/>	Taemaro <input type="radio"/>	Waihapa <input type="radio"/>	Otangaroa <input type="radio"/>

Please enter ONLY the parents and grand-parents who affiliate to Kahukuraariki

Mother:

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Father:

.....

Grandmother:

.....

Grandfather:

.....

Great Grandmother:

.....

Great Grandfather:

.....