

MEMBER REGISTRATION FORM

Please complete the following details and email your form to office@ashergroup.co.nz

**Required field*

I wish to be registered as a member of Te Kāhui Rongoā Trust.

Surname:*

First Name(s):*

Physical Address:*

Postal Address: *

(if different)

Phone: *

Email: *

ROHE

For voting purposes, **please tick one rohe only**. You should choose the single rohe in which you reside and/or practice.

<input type="checkbox"/>	Ngapuhi Nui Tonu	<input type="checkbox"/>	Taranaki
<input type="checkbox"/>	Tainui	<input type="checkbox"/>	Whanganui
<input type="checkbox"/>	Waiariki	<input type="checkbox"/>	Te Upoko o Te Ika
<input type="checkbox"/>	Te Tairāwhiti	<input type="checkbox"/>	Te Tau Ihu
<input type="checkbox"/>	Ngāti Kahungunu	<input type="checkbox"/>	Ngai Tahu / Kai Tahu

I agree for my details to be held by Te Kāhui Rongoā Trust and understand that my name and contact details will not be shared with any other organisation except for statistical purposes.

Signed: * _____

Date: * _____

Membership No.

For Office Use Only