

TE KĀHUI RONGOĀ TRUST

National Rongoā Māori Organisation

Interested Organisations Registration Form

Please complete the following details and post to:
Te Kāhui Rongoā Trust, C/- P.O. Box 7233, HAMILTON 3247
*Required field

We wish to be registered as an Interested Organisation of Te Kāhui Rongoā Trust.

(Note: An Interested Organisation is one that is actively involved in the health sector and is interested in rongoā)

Organisation Name: * _____

Physical Address: * _____

Postal Address: * _____
(if different)

Contact Person: * _____

Phone: * _____ Email: * _____

Fax: * _____ Web Address: * _____

ROHE

For voting purposes, **please tick one rohe only**. You should choose the single rohe which your organisation mostly associates with.*

| | |
|--------------------------|------------------|
| <input type="checkbox"/> | Ngapuhi Nui Tonu |
| <input type="checkbox"/> | Tainui |
| <input type="checkbox"/> | Waiariki |
| <input type="checkbox"/> | Te Tairāwhiti |
| <input type="checkbox"/> | Ngāti Kahungunu |

| | |
|--------------------------|----------------------|
| <input type="checkbox"/> | Taranaki |
| <input type="checkbox"/> | Whanganui |
| <input type="checkbox"/> | Te Upoko o Te Ika |
| <input type="checkbox"/> | Te Tau Ihu |
| <input type="checkbox"/> | Ngai Tahu / Kai Tahu |

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

Signed: * _____

Date: * _____

Registration No.

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For Office Use Only