



Nga Maia Maori Midwives o Aotearoa

PO Box 901
Hastings 4156
www.ngamaia.co.nz
GST No. 85-495-496

Membership Registration Form

Personal Information

DATE:	
SURNAME:	FIRST NAME:
Residential Address:	Home Phone:
Postcode:	Mobile Phone:
Postal Address (if different from above):	Work Phone:
Postcode:	Fax No:
Email Address:	DOB:
Iwi:	Hapu:

Work Information

Position:				
Organisation:				
Practicing (please circle):			Yes	No
Type of Midwife:	LMC	Core	Education	
Member of Midwifery Council?			Yes	No
Are you a member of:	NZCOM	NZNO	MERAS	
(If Yes) Midwifery Council Number:				
Any other Professional Skills/Qualifications:				

or Student Information

If Student (please circle):		
1st Year	2nd Year	3rd Year
Institution:		
Course:		

or Kaitiaki/Whanau Information

Whanau Member:

Nga Maia Endorsement

DHB Region/Rohe Affiliation:		
Nga Maia Regional Endorser Name:	Nga Maia Regional Endorser Signature:	Date Signed:

Your Whakapapa/Family Tree

Your Father's Line (Paternal)	Your Mother's Line (Maternal)
_____	_____
Your Father/Papa Full Name	Your Mother/Whaea Full Name
_____	_____
His Father (your Grandfather/Koro)	Her Father (your Grandfather/Koro)
_____ & _____	_____ & _____
His Parents (your Great-Grandparents/Tupuna)	His Parents (your Great-Grandparents/Tupuna Tana)
_____	_____
His Mother (your Grandmother/Tupuna Wahine)	Her Mother (your Grandmother/Tupuna Wahine)
_____ & _____	_____ & _____
Her Parents (your Great-Grandparents/Tupuna)	Her Parents (your Great-Grandparents/Tupuna)

- Do you wish to receive our Nga Maia newsletters via email?
 (Midwives only) Do you wish to be advertised on our Nga Maia website under 'Find a Midwife'

Annual Registration Fee/Payment

- Registered \$100
 Student \$30
 Kaitiaki/Whanau \$30

On acceptance an invoice will be emailed to you with details on how to pay. Membership will be completed upon payment.

Declaration

I hereby declare that the information in the registration details and whakapapa I have provided on this form (both pages) are true and correct to the best of my knowledge. I understand that the information I provide will be used solely for the purposes of the Nga Maia Maori Midwives o Aotearoa Board in developing their Membership Register. The Board will deal with this personal information in accordance with its obligations under the Privacy Act 1993, and the Privacy Principles stated therein. I will contact the board should my address or details change in the future.

Signature

Date

N.B. Nga Maia registration is valid until the end of the financial year (30th June) from joining date.

Please send completed registration form to: Nga Maia Maori Midwives, PO Box 901, Hastings 4156; or email to ngamaia@xtra.co.nz