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**Western Australian Retirement Villages Residents Association Inc**

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# COMMITTEE NOMINATION FORM

I, (name) \_\_\_\_\_ of

(address) \_\_\_\_\_

(name of village) \_\_\_\_\_

being a resident in a Retirement Village and a member of WARVRA, hereby nominate:

(name) \_\_\_\_\_ of

(address) \_\_\_\_\_

(name of village) \_\_\_\_\_

\_\_\_\_\_  
(signature of nominator)

\_\_\_\_\_  
(signature of nominee)

(date) \_\_\_\_\_

(date) \_\_\_\_\_

**Notes:**

1. *Nomination forms must be received not less than 21 days before the Annual General Meeting.*
2. *The term of committee membership is two years.*