



**WARVRA**

**Western Australian Retirement Villages Residents Association Inc**  
ABN 83503 721 383

## **APPLICATION FOR MEMBERSHIP**

**For Use by a Resident When the Village  
has Paid the Annual Subscription**

First Name: ..... Family Name: .....

Email: .....

Address: .....

Postcode: .....

Telephone: ..... Mobile: .....

Village Name: .....

**Declaration:** I am applying to become a member of the Western Australian Retirement Villages Residents Association Inc and declare that:

- I am eligible for membership, being a resident of the above Village;
- I understand that the Village subscription has been paid;
- upon acceptance of this application by Council, I accept and agree to abide by the Constitution of the Western Australian Retirement Villages Residents Association Inc. This can be found on the WARVRA website [www.warvra.com.au](http://www.warvra.com.au) or requested from the Secretary;

**Applicant Signature:** ..... **Date:** .....

**Please send this Form to the Secretary of WARVRA**

Unit 3/155 Gaebler Rd Aubin Grove WA 6164

Email: [maureenmiller@westnet.com.au](mailto:maureenmiller@westnet.com.au)

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**ASSOCIATION USE ONLY**

Date Application is received: .....

Date of Tabling at Council Meeting: .....

Date Applicant notified of Decision: .....

Council Approval: Yes / No