



WARVRA

Western Australian Retirement Villages Residents Association Inc
ABN 83503 721 383

APPLICATION FOR MEMBERSHIP INDIVIDUAL

- **when the Village has NOT PAID the Annual Subscription**
- OR**
- **you choose an Individual 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;
- 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 or requested from the Secretary;
- I understand that **\$10.00 subscription payment** is required.

Applicant Signature: **Date:**

Please send this Form with payment to WARVRA
c/- Unit 64/140 Teranca Rd Greenfields 6210

OR direct credit: WARVRA BSB 016464 Account 340931557 with your name,
and email this Form to: corryadri@terancamews.com.au

ASSOCIATION USE ONLY

Date Application is received:

Date of Tabling at Council Meeting:

Date Applicant notified of Decision:

Council Approval: Yes / No