



**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**

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;
- If my application is accepted, I agree to be bound by the rules of the Association which may be downloaded from the WARVRA website <https://warvra.org.au> or a printed copy requested from the Secretary;
- I understand that no information will be made available to any other party and no payment is required.

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