



**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 <https://warvra.org.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](mailto:corryadri@terancamews.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

*WARVRA accepts all information as confidential and will not make it available to any other party.*