



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**

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 <http://.warvra.org.au> or a printed copy requested from the Secretary;
- I understand that no information will be made available to any other Party;
- 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