



**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.

The Constitution is located on the WARVRA website:

<https://warvra.org.au/constitution/>

or requested from the Secretary.

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

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

PO Box 135, Wembley WA 6913

Email: [admin@warvra.org.au](mailto:admin@warvra.org.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.*