



WARVRA

Western Australian Retirement Villages Residents Association Inc
ABN 83503 721 383

APPLICATION FOR INDIVIDUAL MEMBERSHIP

- **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/constitution/> or requested from the Secretary;
- I understand that **\$10.00 subscription payment** is required.

Applicant Signature: **Date:**

Please send this Form with payment to our PO Box
PO Box 135, Wembley WA 6913

OR direct credit: WARVRA BSB **016464** Account **340931557** with your name
and email this form to: **admin@warvra.org.au**

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.