

PRIORITY MEMBERSHIP APPLICATION

To be placed on the Priority Membership List for residency at Waverly Heights, complete this application and return it with your payment to the Marketing Department at 1400 Waverly Road, Gladwyne, PA 19035. The fee is \$2,500.00 for a single applicant or couple and is non-interest bearing. The full amount of this fee will be credited toward your Occupancy Rights Fee when you enter Waverly Heights or refunded if you withdraw from Priority Membership.

				Date of Birth:	
Prefix	First	Middle	Last		
	Home: ()	Cell: ()Email:		
				Date of Birth:	
Prefix	First	Middle	Last		
	Home: ()	Cell: ()Ema	ail:	
<u>Your</u> Ac	ddress:				
Nearest Relative/Contact Person:			Relationship:		
Their Address:			Telephone: ()		
 DESIRED YEAR OF RESIDENCY: In order to process your application, you must indicate a desired year of residency. You may change your move-in timeframe or unit preferences at any time by simply calling the Marketing staff at 610-645-8764. RESIDENTIAL PREFERENCES: Check the apartment and villas styles you would consider. 					
One Bedroom-Den (I) One Bedroom-Great Room (H-1) Two Bedroom (G)			_ Two Bedroom (H-2) _ Two Bedroom-Den (F _ Two Bedroom-Den (J) _ Deluxe (D) _ Turnberry (T)		
Waverly I and wom disability, National S websites.	Heights. All information en 60 years of age or ol , familial status or other Sex Offender Registry w	relating to your appli der without regard to basis protected under	ication will be treated conf o race, color, religion, nat r federal, state or local law	You may cancel your application at any time by contacting identially. Residency at Waverly Heights is open to men ional origin, sex, gender, gender identity or expression, y. Waverly Heights will screen all applicants against the nyone listed on federal and/or state sex offender registry	
Signature:		Date:			

 Signature:

Date: _____

********* FOR WAVERLY USE ONLY ********

Date Received _____

Account _____