



PRIORITY MEMBERSHIP APPLICATION

To be placed on the Priority Membership List for residency at Waverly Heights, please complete this application and return it with your non-interest bearing payment to the Marketing Department. The fee is \$1,500.00 for a single applicant or couple. 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: _____
First Middle Last
Check One: Mr. Ms. Mrs. Miss Dr.

Date of Birth: _____
First Middle Last
Check One: Mr. Ms. Mrs. Miss Dr.

Address: _____

Telephone: Home () _____ Work () _____ E-Mail _____

Nearest Relative/Contact Person: _____ Relationship: _____

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 preference at any time simply by calling the Marketing staff at 610-645-8764.

Type of Residence Desired: (Indicate "1" for first choice, "2" for second choice, etc.)

APARTMENTS

VILLAS

____ One Bedroom (E)

____ Two Bedroom (G)

____ One Level, one car garage (V1)

____ One Bedroom (B)

____ Two Bedroom (H-2)

____ One Level, two car garage (V2)

____ One Bedroom (A)

____ Two Bedroom-Den (F)

____ Two Level, two car garage (V3)

____ One Bedroom-Den (I)

____ Two Bedroom-Den (J)

____ One Bedroom-Great Room (C)

____ Deluxe (D)

____ One Bedroom-Great Room (H-1)

Priority for residency will be established by the date of receipt of this application. You may cancel your application at any time by giving written notice to Waverly Heights. All information relating to your application will be treated confidentially.

Signature _____

Date _____

Signature _____

Date _____

FOR WAVERLY USE ONLY:

Date Received _____

PML Number: _____