



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 at 1400 Waverly Road, Gladwyne, PA 19035. The fee is \$2,500.00 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.

Mr.
 Check Mrs. _____ Date of Birth: _____
 One Miss First Middle Last
 Ms.
 Dr.
 Home: () _____ Cell: () _____ Email: _____

Mr.
 Check Mrs. _____ Date of Birth: _____
 One Miss First Middle Last
 Ms.
 Dr.
 Home: () _____ Cell: () _____ Email: _____

Your Address: _____
 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 preference at any time simply by calling the Marketing staff at 610-645-8764.

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 Level, two car garage (V4) |
| _____ One Bedroom-Great Room (H-1) | _____ Deluxe (D) | _____ Two Level with loft (V5) |
| | _____ Turnberry (T) | |

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: _____