

**BETHANY HOME FOUNDATION**  
**APPLICATION FOR MEMBERSHIP**

1. Name(s)\_\_\_\_\_

2. Address\_\_\_\_\_

\_\_\_\_\_ Telephone No. \_\_\_\_\_

3. Birth Date(s)\_\_\_\_\_

4. Married\_\_\_\_\_ Single\_\_\_\_\_ Widow\_\_\_\_\_ Widower\_\_\_\_\_

5. Children (if any) or other close relatives.

(Please list names and addresses on the back of sheet.)

6. References:

Character:

Attorney:

Financial:

7. Financial: Assets (Total Value): Your

Monthly Income: \_\_\_\_\_

Pension \_\_\_\_\_

Other \_\_\_\_\_

8. Present Residence: Apartment\_\_\_\_ Rented Home\_\_\_\_ Own Home\_\_\_\_

Other\_\_\_\_\_

9. Date of Desired Occupancy\_\_\_\_\_

10. Name of Personal Physician\_\_\_\_\_

I (we) enclose Membership Deposit check of \$4,000.00 made payable to Bethany Home Foundation, Inc. This deposit will establish my place on the resident priority list for residency at Medway Place.

Date\_\_\_\_\_ Signed\_\_\_\_\_

Signed\_\_\_\_\_