

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_____