



THE TOWNE CLUB
at Salemtowne

Membership Application

FIRST MEMBER:



Title: Mr. Mrs. Dr. Ms. Miss Rev. Other _____

Full Name: _____ Preferred Name: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Date of Birth: ____/____/____ Medicare Number #: _____

Present or Former Occupation: _____

Hobbies/Interests: _____

Educational Background: _____

Diagnosed Medical Conditions: _____

SECOND MEMBER:

Title: Mr. Mrs. Dr. Ms. Miss Rev. Other _____

Full Name: _____ Preferred Name: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Date of Birth: ____/____/____ Medicare Number #: _____

Present or Former Occupation: _____

Hobbies/Interests: _____

Educational Background: _____

Diagnosed Medical Conditions: _____

ADDRESS:

Address: _____

City: _____ State: _____ Zip: _____

FINANCIAL DISCLOSURE:

Total Investments/Cash: \$ _____	Monthly Income:	First Member	Second Member
Residence Value: \$ _____	Social Security	\$ _____	\$ _____
Other Real Estate Value: \$ _____	Pension	\$ _____	\$ _____
Total Liabilities: \$ _____	Other (description: _____)	\$ _____	\$ _____
Total: \$ _____			

1: Do you have Long Term Care Insurance? _____
 Total: \$ _____ \$ _____
 \$ _____/day skilled nursing \$ _____/day assisted living \$ _____/day in-home
 Inflation benefit? _____ %/year Maximum Benefit: \$ _____

2: Do you have Long Term Care Insurance? _____
 Total: \$ _____ \$ _____
 \$ _____/day skilled nursing \$ _____/day assisted living \$ _____/day in-home
 Inflation benefit? _____ %/year Maximum Benefit: \$ _____

RESIDENCE PREFERENCE:

APARTMENTS	Bahnson Hall / Vogler <input type="checkbox"/> Forsyth (1 bedroom) <input type="checkbox"/> Winston (2 bedrooms) <input type="checkbox"/> West End (1 bedroom) <input type="checkbox"/> Buena Vista (2 bedrooms)	Driscoll Building <input type="checkbox"/> Reynolda (1 bedroom) <input type="checkbox"/> Sherwood (1 bedroom with den) <input type="checkbox"/> Piedmont (2 bedrooms) <input type="checkbox"/> Brookstown (2 bedroom corner) <input type="checkbox"/> Twin City (2 bedrooms with den)	
	Bethabara <input type="checkbox"/> Shenandoah (with den) <input type="checkbox"/> Appalachian (with sunroom) <input type="checkbox"/> Rutherford (with sunroom & den)	Salem <input type="checkbox"/> Bethania (with den) <input type="checkbox"/> Hickory (with sunroom) <input type="checkbox"/> Catawba (with sunroom & den)	Wachovia <input type="checkbox"/> Hatteras <input type="checkbox"/> Emerald (with den)
VILLAS	The Woodlands <input type="checkbox"/> Beech (with den) <input type="checkbox"/> Dogwood (2 bedrooms) <input type="checkbox"/> Hawthorne (2 bedrooms)		
	<input type="checkbox"/> Pine (with den) <input type="checkbox"/> Sycamore (with sunroom) <input type="checkbox"/> Willow (with sunroom)		

I/we wish to move: I'm ready, call as soon as you can 1 Year 2 Years 3 Years 4 Years

I/We hereby make application for the future residency program, The Towne Club, at Salemtowne. I/we understand that this application does not obligate me/us [applicant(s)] or the community nor does it guarantee admission.

Please sign below and return this form with a check for \$1,000 (per person) made payable to Salemtowne. Mail to: 1000 Salemtowne Drive, Winston-Salem, NC 27106. Your deposit is completely refundable for any reason; however, a refund will not include interest. Please keep Salemtowne informed of any changes in your contact information. I/We hereby declare that all statements made on this application are true and complete according to my/our knowledge.

First Member

Date

Second Member

Date