



ADVANTAGE CLUB MEMBERSHIP AGREEMENT

This Advantage Member Agreement gives you priority status to move to The Summit and allows you to enjoy the benefits of the Advantage Club. You will be assigned a priority position on the Advantage Club Member’s waiting list based on the chronological order in which similar applications are received.

- Please select your top three choices by labeling 1st, 2nd and 3rd (if a change of preference should occur, please notify The Summit’s Marketing Department in writing):

ONE BEDROOM APARTMENTS

- _____ The Poplar
- _____ The Birch with Den
- _____ The James with Den

TWO BEDROOM APARTMENTS

- _____ The Peaks of Otter
- _____ The Magnolia
- _____ The Chestnut with Den
- _____ The Skyline with Den

LAKESIDE GARDEN HOMES

- _____ The Chesapeake
(Top Level Triplex)
- _____ The Cumberland
(Terrace Level)
- _____ The Shenandoah
(Free Standing)

- Preferred year and month of entry: _____ OR Undecided

- Notification of readiness for residency:

1. When you are ready to take residence at The Summit, please notify The Summit at such time.
2. The Summit will notify you when your selected type of residence becomes available.
3. You may accept or reject the offer to reserve the residence within three working days from the date of notification. You may reject any offer to take residency three times before losing your priority.
4. Once you have accepted a particular residence, you must complete our application and sign a Residency Agreement.

- In consideration for the priority and benefits of the Advantage Club Member program, I/We agree to pay the appropriate reservation fee of \$1000. This reservation fee is a non-interest-bearing administrative fee to be credited toward the Entrance Fee at the time of residency. This reservation fee is refundable should the applicant not take residency for any reason and will be refunded within thirty days of written notice.

APPLICANT

APPLICANT

STREET

CITY

STATE

ZIP

TELEPHONE

DATE

SUMMIT REPRESENTATIVE





ADVANTAGE CLUB MEMBER INFORMATION

Please Print Clearly or Type:

DATE _____

LAST NAME FIRST NAME MIDDLE NAME

STREET ADDRESS CITY STATE ZIP CODE

TELEPHONE NUMBER BIRTH DATE (month/day/year) BIRTH PLACE (city/state)

NAME OF SPOUSE BIRTH DATE (month/day/year) BIRTH PLACE (city/state)

MARITAL STATUS (married/single/widowed/divorced) ANNIVERSARY DATE (month/day/year)

YOUR EMAIL ADDRESS SPOUSE'S EMAIL ADDRESS

EMERGENCY CONTACT NAME RELATIONSHIP TO APPLICANT TELEPHONE NUMBER

STREET ADDRESS CITY STATE ZIP CODE

WHAT IS YOUR CURRENT AND/OR PRIOR OCCUPATION? YOUR SPOUSE'S CURRENT AND/OR PRIOR OCCUPATION

WHAT ARE YOUR HOBBIES OR INTERESTS? YOUR SPOUSE'S HOBBIES OR INTERESTS

WHAT IS YOUR EDUCATIONAL BACKGROUND? YOUR SPOUSE'S EDUCATIONAL BACKGROUND

CHURCH AFFILIATION

engaged IN LIFE