

THE CULPEPER

ASSISTED LIVING AND MEMORY CARE PRIORITY MEMBER AGREEMENT

_____, Priority Member(s), hereafter referred to as "Priority Member(s)" is (are) interested in exploring residency at The Culpeper. The Priority Member is providing payment to The Culpeper in the amount of \$500 for the purpose of obtaining a Priority Number at The Culpeper. The Priority Member understands that they will be issued a Priority Number on a first-come, first-served basis in order of receipt of priority reservation forms.

All decisions regarding priority of receipt will be at the sole discretion of The Culpeper. The Priority Member understands that they will be notified in writing regarding their assigned Priority Number within approximately two weeks of receipt of this form. If the Priority Member does not move to The Culpeper the fully refundable \$500 deposit will be refunded upon request by the Priority Member.

You may reach me (us) regarding my (our) Priority Number at:

Name(s)

Address

City

State

ZIP

Home phone

Cell phone

Email address

Signature

Date

*Please mail this completed form
along with a check OR credit
card information (right) to:*

The Culpeper
12425 Village Loop
Culpeper, Virginia 22701

Credit Card Information

Name on card: _____

Card number: _____

Expiration date: _____ / _____

3- or 4-digit security code: _____

*All deposits will be held in a federally insured bank. You may
obtain a full refund of the deposit at any time. If a refund is
requested, however, you will forfeit your Priority Number.*

Internal Use:

Received by date: _____

Priority Number assigned: _____