

## WINE CLUB MEMBERSHIP APPLICATION

### Shipping Information: No P.O. Boxes Please

This is a business address      Yes      No

Will Pick up in tasting room      Yes      No

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Day Phone: \_\_\_\_\_

Evening Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

### Billing Information:

Credit Card Type:    Am Ex: \_\_\_\_\_    MC: \_\_\_\_\_    Vista: \_\_\_\_\_

Card Exp. Date: \_\_\_\_\_

Name as it appears on card: \_\_\_\_\_

Billing Address (if different from above): \_\_\_\_\_

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I understand that all deliveries require the signature of a sober adult.