

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: _____

Credit Card# _____

Card Exp. Date: _____

Name as it appears on card: _____

Billing Address (if different from above): _____

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