

Member Information

Full Name: _____
Last *First* *M.I.*

Address: _____
Street Address *Apartment/Unit #*

City *State* *ZIP Code*

Home Phone: _____ Alternate Phone: _____

Email _____

Birth Date: _____

Wine Preferences

How often do you drink wine? Daily Once or Twice a Week Once or Twice a Month

Please name your three favorite wines (or grapes or regions if you prefer)

Please check your preferred types: White Red Rosé Sparkling Dessert/Sweet

Credit Card/Payment Information

Name on Card: _____
Last *First* *M.I.*

Billing Address: _____
Street Address *Apartment/Unit #*

City *State* *ZIP Code*

Primary Phone: _____

Credit Card Number: _____

Expiration Date: ____/____. CVV# ____