



WINE CLUB ENROLLMENT FORM

Recipient Name: _____

Is this a gift?: Yes No Gift Purchaser Name: _____

Shipping Address: _____

Daytime Telephone: _____

E-Mail: _____

Additional Notes: _____

Method of Payment:

1 Year Paid in Full

Bi-Monthly Payments (Jan, March, May, July, Sept, Nov)

VISA

Mastercard

Amex

Credit Card #: _____

Expiry: _____ / _____

CVC: _____

Cardholder Name: _____

Signature: _____

Preferred delivery method:

Pick Up

Ship

Call First

FOR OFFICE USE ONLY

WOM Start Date: _____ WOM End Date: _____

Rewards - Setup in POS - Gift Card# (if paid in full): _____