



WINE CLUB ENROLLMENT FORM

Fax to: 805.649.9293

* indicates must be completed

Member Name * _____

E-mail* _____

BILLING ADDRESS

Address * _____

City * _____

State* _____ Zip* _____

Phone *(_____) _____

SHIPPING ADDRESS (if different) _____ pick up at winery* or _____ Ship to* (____ Residence - or ____ Business)

Address _____

City _____

State _____ Zip _____

Phone (_____) _____

NOTE: We recommend a business address where someone over 21 is available between 9a-5p to sign for the package. We will not accept returns on wines not delivered, and you will be charged if the order is returned.

We will email you a tracking number when we are ready to ship, so you can expect it.

Signature* (Acknowledged 21 and Over) _____

**Shipping Rates/4 Btls: \$12 to CA/OR/NV/AZ; \$15 to Western/Midwest States; \$20 to the East Coast*

Due to legal restrictions on shipments of wine and other alcoholic beverages, we are only permitted to ship to the following states: **AK, AZ, CA, CO, FL, GA, IL, IA, LA, MI, MN, MO, NV, NH, NM, NY, NC, ND, OR, SC, TX, VA, WA, WV, WI, and WY.** Adult signature required-business versus home address is recommended.

Payment Information Visa MC Am Ex Discover

Credit Card Number* _____

Expiration Date * _____

Name on Card* _____

For Office Use Only:

Please check/circle and sign your employee name

Today's Date _____

Not Paid _____ If Paid, Date _____

Took with at date of purchase ____ To be shipped _____

Starting Release: FEBRUARY ____ / MAY ____ / NOVEMBER ____

Order taken & LEGIBILITY checked by _____ (employee)

Entered in computer by _____ on _____

Added to Winery e-mail list _____

SPECIAL INSTRUCTIONS/NOTES:

(revised 2/16/2011)