



# Wine Club (WC)<sup>2</sup> Signup Form

Membership Options: \_\_\_\_\_ *Enthusiast Membership* \_\_\_\_\_ *Private Reserve Membership*

Today's Date: \_\_\_\_\_

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

C/O: \_\_\_\_\_

Street: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

\_\_\_\_\_ *Hold at winery for pickup* OR \_\_\_\_\_ *Ship Via FEDEX*

*SHIP TO ADDRESS (if different)*

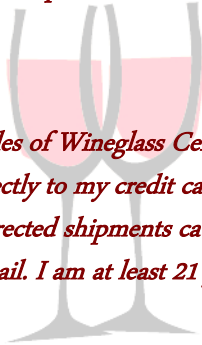
Name: \_\_\_\_\_

C/O: \_\_\_\_\_

Street: \_\_\_\_\_

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

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



*I understand that every six months I will receive two bottles of Wineglass Cellars wine, appropriate to my membership level, at the shipping address above. Each shipment will be billed directly to my credit card. I will keep Wineglass updated on any address changes and agree I am responsible for shipping charges on misdirected shipments caused by address change. I may cancel my membership at any time with 30 days written notice by letter, fax, or e-mail. I am at least 21 years of age and ensure that someone at least 21 years of age will sign for the shipment at the delivery address.*

*The list of states that we are legally allowed to ship to is unfortunately constantly changing. We will contact you if we are unable to ship to your state.*

\_\_\_\_\_ *I HAVE READ AND AGREE TO THE ABOVE CONDITIONS*

*Enter your Credit Card Information, or if you prefer call 509-829-3011*

\_\_\_\_\_ *VISA* \_\_\_\_\_ *MasterCard*

Card # \_\_\_\_\_ Exp Date: \_\_\_\_\_

*Please fax completed form to 509-829-6666 or mail to:*

*Wineglass Cellars  
260 North Bonair Road  
Zillah, WA 98953*