

DENNIS VINEYARDS WINE CLUB MEMBERSHIP APPLICATION

Member's Name(s): _____

For Office Use

Member # _____

Email _____

Mailing Address: _____

City: _____ State _____ Zip _____

Email: _____ This is how we will notify you of specials and events!

Phone: _____

Please choose one: _____ pick up at winery or _____ ship (UPS charges apply)

Shipping Address: _____ business or _____ residential

Street, City, State & Zip code

Phone _____

Please provide the following credit card information. **This card will be safely stored in our computer system and is used for quarterly charge-outs if you fall behind on your membership.**

Credit Card: VISA _____ MasterCard _____ Discover _____ American Express _____

Name on Credit Card _____ CVN # _____

Card number _____ Expiration Date _____

Which sweetness level do you prefer? Dry _____ Semi-Dry _____ Sweet _____ No Preference _____

I have read and agree to the terms and conditions of being a member of the Dennis Vineyards Wine Club. (This includes the use of the above credit card for quarterly charge-outs if I fall behind on my membership)

Signature (I certify that I am 21 years of age or older) Date _____