



Wine Club Membership Form

Club Choice (circle one) DISCOVERY COLLECTORS Today's Date _____

Name of Primary Member _____

Billing Address _____

City _____ State _____ Zip code _____

Shipping Address _____

City _____ State _____ Zip code _____

Email address _____

(this information remains confidential)

Phone _____ Date of birth _____

Visa Mastercard American Express Discover

Credit Card Number _____

Name that appears on card _____

CVC code _____ Expiration date _____

Special shipping instructions _____

(All shipments require an adult signature)

Pick up _____ Ship _____