

SANTA CRUZ
MOUNTAIN VINEYARD
Wine Club  Membership Form

Please complete all information on this page and hand it to our representative. You must be **21 years old** or older to be a member of the Wine Club.

The following states **WILL** allow us to ship for our Wine Club:
AK, CA, CO, D.C., FL, IA, MN, NM

I. Membership Level

How many bottles of each wine would you like to receive?

- 1 (2 bottles total) 2 (4 bottles total)
 3 (6 bottles total) 6 (12 bottles total), at 20% discount

II. Your Billing Address

Name _____

Address _____

City _____ State _____ Zip _____

Email _____

Phone _____ DOB _____

III. Your Shipping Address

- Same as Billing Address
 Commercial Address

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____

IV. Credit Card Information

Type of Credit Card: Visa MC Discover

Credit Card Number _____

Exp. Date _____

Name on card _____

I understand that my credit card will be billed 4 times a year for quarterly Wine Club releases, not to exceed the limits stated in this brochure.

I certify that I am at least **21 years** of age and the wine being purchased is for my own personal consumption and is for non-business purposes.

Signature _____

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