

# California Wine and Cheese

## WINE CLUB MEMBERSHIP

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Choose one:

LEVEL 1 MIXED (\$25 per mo, plus tax)       LEVEL 2 MIXED (\$45 per mo, plus tax)

LEVEL 1 ALL RED (\$27.50 per mo, plus tax)       LEVEL 2 ALL RED (\$47.50 per mo, plus tax)

Subscription:       3 months     6 months     9 months     12 months

Notify recipient by:     e-mail     card     not necessary

.....  
Credit card:     VISA     MasterCard     AmEx     Discover

Card# \_\_\_\_\_ Expiration date \_\_\_\_\_

I hereby acknowledge that I have read and accept the CWaC Wine Club terms and conditions. I authorize California Wine and Cheese, LLC, to charge my credit card for the first three month subscription upon receipt of this application and for ongoing monthly subscriptions until/unless I provide advance written notice of my intent to opt out.

\_\_\_\_\_  
Cardholder signature

RETURN COMPLETED FORM by Mail, Fax, Email or Call it in:

Mail to: California Wine and Cheese, 115 W. Foothill Blvd., Monrovia, CA 91016

Fax to: 626 358-6504      email to: [info@cawineandcheese.com](mailto:info@cawineandcheese.com)

Or call: 626 358-6500

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CWaC use only: Received on \_\_\_\_\_ by \_\_\_\_\_

First allotment month \_\_\_\_\_