



## WINE PASSPORT CLUB MEMBERSHIP FORM

Please fax the completed form to 415.255.2900 or scan to wineclub@vinovolo.com.

### Shipping Information

Name \_\_\_\_\_

Shipping Address \_\_\_\_\_

Residential \_\_\_\_\_

Commercial \_\_\_\_\_

City/State/Zip \_\_\_\_\_

County \_\_\_\_\_

Telephone \_\_\_\_\_

Email \_\_\_\_\_

### Select a Membership Level

- Wine Passport Club – Silver  @ \$19 per bottle + tax + shipping
- Wine Passport Club – Gold  @ \$39 per bottle + tax + shipping

### Select Shipment Frequency

*3 bottles per shipment*

- Monthly
- Quarterly
- Mar/Jun/Sept/Dec*

### Billing Information

Name \_\_\_\_\_

Type of Card \_\_\_\_\_

Credit Card Number \_\_\_\_\_

Expiration Date (MM/YY) \_\_\_\_\_

Billing Address \_\_\_\_\_

\_\_\_\_\_

City/State/Zip \_\_\_\_\_

Telephone \_\_\_\_\_

Email \_\_\_\_\_

**I hereby authorize Vino Volo to act on my behalf, as my agent, to arrange shipping of this merchandise. I represent to Vino Volo that the shipping address listed is legally recognized to receive wine shipments. I also authorize Vino Volo to charge my credit card for the Wine Passport Club Membership selected above, and related tax and shipping charges.**

Member Signature: \_\_\_\_\_

**Would you like to include a gift card message?**

\_\_\_\_\_

\_\_\_\_\_

### **For Store Use Only:**

Store: \_\_\_\_\_ WA: \_\_\_\_\_ Date: \_\_\_\_\_