

WINE WOMEN

Membership Application

Pardon our cyber dust!

Our online shopping cart isn't quite ready for wine time.

(These things happen when you're launching new organizations.)

In the meantime, our PDF version of the application is on the next page. (Just scroll down.)

1. You may fill it out online > Save As [*YourName Application*] on your local drive. (Or, right click to get "Save As..." to save your app to your hard drive.)
2. Email your completed application to our Membership Director: Ellen@WineWomen.net
3. Payment address and information is on the application. But just in case:

WINE WOMEN
148 Casabella Drive
Sonoma, CA. 95476

Questions? Please call Membership Director
Ellen Reich Luchtel at (415) 740-9999.

Or

Hit the **BACK** button to return to our website or your
previous page online.

How did you hear about us?	Individual Membership	\$165
If you were referred, please tell us by whom:	Affiliate Charter Membership	\$255
	Corporate Charter Membership	\$345

APPLICANT INFORMATION Check if this is this your billing address

Name (First, Last):

Email Address: Phone:

Current home address:

City, State, Zip:

COMPANY AND/OR EMPLOYMENT INFORMATION Check if this is this your billing address

Current employer: Job Title:

Employer address: How long?

City, State, Zip Code:

Ofc Phone: E-mail (if diff. than above):

MEMBERSHIP PAYMENT INFORMATION (see prices above)

Checks can be mailed to: WINE WOMEN, 148 Casabella Dr., Sonoma, CA. 95476

Credit Card: VISA MC AMEX : Exp. Date: CVV:

Billing Address (if diff. from marked above):

TOTAL ENCLOSED including any donation you wish to contribute above the membership dues:

PROFESSIONAL EXPERIENCE AND INTERESTS

Please describe experience in wine industry:

Please describe any areas of special interest or professional expertise:

What do you hope to gain from your WINE WOMEN membership?

What member benefit(s) are most important to you:

INTERESTED IN GETTING INVOLVED?

Areas available to volunteer: Hours available: Additional comments:

FORUM MEMBERSHIP Please fill in the name of your forum (if any):

Comments or questions:

MEMBERSHIP AUTHORIZATION

I authorize the payment of my membership dues. I understand that my membership is valid for one year from the date of the acceptance and receipt of this membership application and payment. By signing below I certify that I am 21 years or older and hold harmless WINE WOMEN as well as all representatives from all losses, claims and liability arising out of my participation within the organization. My signature also indicates acceptance to being added to the organization's mailing list, which is not shared or sold to any other entity. Your contact information remains private.

Signature of applicant: Date:

Print name of applicant: