



# WINE CLUB MEMBERSHIP FORM

Payment Method: VISA  MasterCard  Bankcard:  3 Digit Security No

Name on Card: \_\_\_\_\_

Credit Card No

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Exp Date: All Whites All Reds Mixed

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Name & Mailing Address for Deliveries (Please print clearly)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

State: \_\_\_\_\_ P/code: \_\_\_\_\_

Delivery Instructions: (eg. Leave at front door if no-one home) \_\_\_\_\_

Name & Mailing Address if different from Deliveries (Please print clearly)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

State: \_\_\_\_\_ P/code: \_\_\_\_\_

Tick if email is your preferred method of communication.  If other please advise: \_\_\_\_\_

**I CERTIFY THAT MY DATE OF BIRTH IS \_\_\_\_/\_\_\_\_/\_\_\_\_ to comply with the Liquor Act. (Liquor Act 1982 it is an offence to sell or supply or to obtain Liquor on behalf of a person under the age of 18years of age.)**

**TERMS & CONDITIONS: Please join me up to the Bou-saada Wine Club**

**I authorize Bou-saada Vineyards to debit my credit card for 2 cases of selected wines with the appropriate sums upon the dispatch of my wine. I may cancel membership after receiving my two membership cases from date of joining. I certify that I am over 18 years of age.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_