

SCREWTOP WINE CLUB - MEMBERSHIP APPLICATION

APPLICANT INFORMATION – PLEASE FILL OUT ALL FIELDS

| | | |
|---|------------------------|-----------------------------------|
| Name: | | |
| Date of birth: | Phone: | Email: |
| Billing Address: | | |
| City: | State: | ZIP Code: |
| CC: | Visa/MC/AMEX Exp. | Sec. Code |
| IS THIS A GIFT MEMBERSHIP?: PLEASE CIRCLE * YES *NO *ONE FOR ME & MY FRIEND | | |
| IF YES, PLEASE FILL OUT RECIPIENT INFO BELOW | | |
| Gift Recipient Name: | | |
| Address: | | How long? Circle One Below |
| Phone: | E-mail: | 3mth 6mth 12mth |
| City: | State: | ZIP Code: |
| SIGNATURE | | |
| I authorize the verification of the information provided on this form and payment. | | |
| Signature of applicant: | | Date: |

Please email any questions regarding this application to wendy@screwtopwinebar.com

- If this is a personal membership, your credit card will be charged \$39.99 per month every month in 2011 on the 10th of the month. You'll pick up your membership card at the first pickup party following your application submittal. You will receive an email welcoming you to the club before the pickup party.
- Monthly pickups will be the **second Sunday of the month** (unless it is a holiday, then it will be the 3rd Sunday that month) and you'll receive a reminder email letting you know in advance. If for any reason you can't get your wine on the night of pick up, no worries, we'll store it for you for up to 30 days. You can cancel at anytime, we just need written notice(email is preferred) by the end of the month before the next pick up party. wendy@screwtopwinebar.com
- If this is a gift membership, your credit card will be charged the full amount of the number of months you pre-selected for your recipient. (3mth, 6mth, 1 Year are the options) A gift card will be mailed to your recipient, unless you request to pick it up in person. If you'd like to add a special gift message please enter it below.

Gift Message: _____

I was referred by a screwtop employee(Name): _____

I was referred by a current Wine Club Member (Name): _____

Please mail or email this application to:
 Attn. Wendy Buckley – Chief Executive Wino
 Screwtop Wine Bar
 1025 N. Fillmore St., Suite L, Arlington, VA 22201
wendy@screwtopwinebar.com