



OROFINO VINEYARDS | COLLECTOR'S CLUB Membership Form

BILLING INFORMATION

member name _____

* address _____

* city _____ * postal code _____ province _____

email _____ phone _____

SHIPPING INFORMATION SAME AS ABOVE *required

member name _____

* address _____

* city _____ * postal code _____ province _____

email _____ phone _____

CREDIT CARD INFORMATION

card type VISA MASTERCARD AMEX

name on cc _____

cc# _____ exp. date _____ cvc _____

It is my responsibility to notify Orofino Vineyards of any changes in payment or contact information. The winery must be contacted with address change at least two weeks prior to scheduled shipment or rerouting charges will be applied.

CLUB CHOICE

COLLECTOR 6 WHITE MIXED RED

COLLECTOR 12 WHITE MIXED RED

start date of membership _____

I pre-authorize Orofino Winery to charge my credit card for the full amount prior to shipment of my wine.

I certify that I am at least 19 years of age.

I acknowledge that membership is good for two shipments of wine per year, for a minimum of one year. The winery assumes continued membership unless notified otherwise. I need to give notice of discontinuation of membership at least one month prior to the scheduled shipment date.

Signature _____ Date _____
