

**“The Paddle Club”
Membership Registration**

First Name _____ Last Name _____

Date of Birth _____

Address _____

City _____ State _____

Zip Code _____

County _____ Country _____

Phone (home) _____ Phone (work) _____

Cell _____ Fax _____

Email _____

Billing Information

Same as Above _____

or

Address _____

City _____ State _____

Zip Code _____

CIRCLE ONE – MC, Visa, Discover, American Express
(must have active credit card to activate membership)

Card Number _____

Expiration Date _____

_____ I have received a copy of the member benefits of the wine club

_____ I agree with the terms and payment schedule regarding my wine shipments
as a member of “The Paddle Club.”

_____ I will pick-up my quarterly shipments at the winery.

Signature

_____ Date _____