WESTPHALIA
VINEYARDS

TO JOIN OUR WINE CLUB, WE NEED A LITTLE INFORMATION:

Name: _____

Birthdate: _____/_____/_____ (month/day/year)

Yes, I am 21 years old Yes ☐ No ☐

Club Options (please circle your preferences)

Red Wine Only	or	All wines
3 bottles quarterly	or	6 bottles quarterly

Credit Card Information (Your credit card will be billed quarterly)

Visa ☐ or Mastercard ☐ (no Discover or American Express please)

_____ _____/_____

credit card number expiration date, month/year

Your Shipping Address

_____

_____

_____

Your Billing Address (if different)

_____

_____

_____

Yes! Please add me to the Westphalia Vineyards email list. I understand this information is confidential and will not be shared or sold.

Email address _____

Gift Membership:

I would like to send a gift membership and understand that my gift recipient will be enrolled in the membership tier that I have selected above for the length of time select. I understand that my credit card will be billed for each individual shipment at the time of shipping.

Please circle: 1 Year (4 shipments) 2 Years (8 shipments)

Other (please describe) _____

FAX: 573-455-9803

Email: wineclub@westphaliavineyards.com