

Rosa d'Oro Vineyards Wine Club Membership Form

Name: _____

Billing Address: _____

Preferences: ___ Pick up ___ Ship ___ 6 Bottles/year ___ 12 Bottles/year

*Shipping Address: _____

Daytime Phone: _____

E-mail Address: _____

Credit Card Type: ___ Visa ___ MC ___ Amex ___ Discover

Name As It Appears On Credit Card: _____

Credit Card Number: _____

Expiration date: ___/___ 3 Digit Security Code From Back Of Card: _____

By signing I certify that I am 21 years or older, I am the above named cardholder and I give permission to Rosa d'Oro Vineyards to charge my credit card for each wine club selection. All sales are processed in California. I understand that I may cancel my membership at any time after the first wine club selection is charged.

Authorized Signature: _____

Date: _____

***Shipments require the signature of someone at least 21 years of age. Please include shipping address even if you opt to pick up. Additional shipping fees may apply if the shipping address on file is incomplete, incorrect, or the package is returned.**

Rosa d'Oro Vineyards 3915 Main Street Kelseyville, CA 95451

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