



LAKEWOOD VINEYARDS WINE CLUB

Thank you for joining our wine club. Please see the attached page for information regarding the obligations of members. We appreciate your membership and look forward to your next visit!

Name

Email

Phone

Billing Address

City

State

Zip Code

Shipping Address

City

State

Zip Code

The club subscription I wish to join:

- 1 case annually
- 2 cases annually
- 3 cases annually

Credit Card Type

Credit Card Number

Security Code

Exp Date

Method of Receiving Wine

Pick Up **Shipment**

Birthday

Date: _____

I have read and agree to the terms of membership.

Associate: _____

signature

Lakewood Vineyards will never share your information with a third party.