



# FRIENDS OF THE VINE WINE CLUB

Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email: \_\_\_\_\_ Phone \_\_\_\_\_

### Billing Information

<p>Billing address if different from above</p> <p>_____</p> <p>City _____ State _____ Zip _____</p>
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Credit Card Number \_\_\_\_\_

Credit Card Type:  Visa  Mastercard      Expiration Date \_\_\_\_\_

Check if you would like to pick up your shipment at the tasting room to save shipping costs

I am over 21 years of age. I authorize Phelps Creek Vineyards to charge my credit card on file for my club shipment and applicable shipping charges. I am free to cancel my membership any time after receiving two shipments. I will inform Phelps Creek of cancellation at least 30 days prior to a shipment date.

Signature \_\_\_\_\_

Please mail, fax or email completed form to:  
Phelps Creek Vineyards, 1850 Country Club Road, Hood River, OR 97031  
ph & fax 541 386 2607      info@phelpscreekvineyards.com