

MEMBERSHIP APPLICATION – BODY AND SOUL OF PORTUGAL WINE CLUB

APPLICANT INFORMATION

 New Member
 Renewing Member
 Corporate Member

Company Name/Contact Person:

Phone(H):

Phone(C):

Phone(W):

Mailing address:

City:

Province:

Postal Code:

E-mail:

I certify that I am over 18 years of age

Signature:

SPOUSE INFORMATION IF JOINT MEMBERSHIP

Name:

Email:

I certify that I am over 18 years of age

Signature:

Phone(W):

TYPES OF EVENTS INTERESTED IN

 Wine Tasting Courses

 Trips to Wineries

 Wine Tasting Events

 Wine and Food Shows

 Overseas Trips to Wineries

FOR BODY AND SOUL DIRECTORS

Referred by:

Approval:1)

2)

SIGNATURES

I AGREE TO JOIN

By signing this Application for membership in The Body and Soul of Portugal Wine Club I acknowledge and accept that the functions of the Club are intended for educational purposes and wine tasting. The Club's stated objectives are that the consumption of alcohol be done responsibly. I accept responsibility for guests I may bring to Club functions. I further agree the Club and Directors cannot be held responsible for the safety and sobriety of its members and their guests and hold blameless and free of all liability for any damages sustained at events held by The Body and Soul of Portugal Wine Club.

 SINGLE – ANNUAL MEMBERSHIP - \$50

 COUPLE- ANNUAL MEMBERSHIP - \$75

 CORPORATE – ANNUAL MEMBERSHIP - \$100

Signature of applicant:

Date:

 Signature of spouse *(only if for a joint membership)*:

Date:

CREDIT CARD INFORMATION

NAME AS IT APPEARS ON CREDIT CARD:

 CREDIT CARD: VISA MASTERCARD

CREDIT CARD N°: _____

EXP. DATE: ____/____

Signature:

Payments by credit card preferred

Do not send cash in the mail

Body and Soul of Portugal Wine Club
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mail@bodyandsoulwine.com