



Membership Application

Cost: \$125.00 per Quarter

Name as it should appear on the Membership: _____

Recipient: Personal Gift Membership

Wine Selection: ____ Red only ____ White only ____ Mixed (4 Bottles total)

Method of Delivery: ____ In Store Pickup ____ Local Delivery

BILLING INFORMATION:

Name: _____

Address: _____

City: _____ State _____ Zip: _____

Phone: _____ (Other) _____

Email: _____

CREDIT CARD INFORMATION:

Credit Card Type: ____ Visa ____ MC ____ AMEX ____ Discover

CC# _____

Expiration Date ____ Validation Code: ____ Card Billing Zip Code: _____

Federal law requires an adult signature for delivery. Must be 21 years or older. Please use an address, such as a business where an adult is present during the day.

Delivery Address: _____

Business Name: _____ Phone Number: _____

Email: _____

MEMBERSHIP POLICIES:

- By signing I certify that I am 21 years or older.
- If purchasing the membership as a gift, my signature also certifies that the recipient is 21 years or older.
- It is my responsibility to notify Crave of any address, telephone, email or credit card changes at least 2 weeks prior to the scheduled shipment date.
- I authorize Crave to charge my credit card on file quarterly.
- Membership is non-transferrable.

Signature: _____ Date: _____

Gift Certificates Available