



Priority Club Enrollment

NAME _____

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOME PHONE _____ WORK/CELL _____

EMAIL _____

SHIPPING ADDRESS _____

CITY _____ STATE _____ ZIP _____

PAYMENT METHOD:

VISA MASTERCARD AMEX

CC#

EXP DATE

I am over 21 years of age. I authorize Gustafson Family Winery to charge my credit card in accordance with the wine membership program for which I have signed. I may cancel after receiving my first club shipment with written notice to the winery. In the unlikely event of damages to my merchandise in transit, I am responsible for filing claims directly with the shipper. I am responsible for payment of all applicable state and local taxes.

SIGNATURE _____ DATE _____

DATE OF BIRTH _____ Would you prefer to pick up your wine at the winery? Yes No