



Co-op Wine Clubs

Gift Membership Registration

Recipient Information: Please fill out following information to the best of your knowledge. Method of contact required in order for us to confirm age and any remaining membership information.

Name

Co-op Member Number

Address

Birth Date / Age

Email

Phone Number

	Duration	\$/Month	Total
<input type="checkbox"/> R & R Club: (2 Bottles)	3 / 6 / 12 M Other _____	\$25.00	\$ _____
<input type="checkbox"/> Passport Club: (2 Bottles)	3 / 6 / 12 M Other _____	\$40.00	\$ _____
		Subtotal:	_____
		Tax:	_____
		Total:	_____

Billing Information

Visa

Name on Card

Master Card

Billing Address

Discover

Email

American Express

Co-op Member #

Birth Date

Pay In Full _____ Bill Monthly _____

Credit Card #

Exp. Date

Signature

Date