

SAUSAL WINERY

Wine Club Application

Yes, I want to join Sausal Winery's Wine Club! Once a member, I agree to receive the scheduled shipments in February, May, October, and December for the ZinFanz and April and November for the ZinMasterz. Your shipments will continue until you contact us to cancel your membership. You must be 21 years or older to join. Membership is limited to the following states:

CA, CO, FL, GA, HI, ID, IL, IA, LA, MI, MN, MO, NC, ND,
NH, NM, NV, NY, OH, OR, TX, VA, WA, WI, WY

ZinFanz # of Bottles

2	4	6

 ZinMasterz Waiting List

This is a gift Membership Length of Gift Membership: _____

Bill To:

Name (first, last): _____

Address: _____

City, State, Zip: _____

Phone: _____

E-mail: _____

Pick Up – CA residents only. **A shipping address must still be supplied below.**
I agree to pick up my wine within 30 days of release or understand it will be shipped at my expense.

Ship To: An adult, 21 or older, must sign for the shipment. We suggest a business address.

Name: _____

Business: _____

Address: (NO P.O. Boxes) _____

City, State, Zip: _____

Phone: _____

Billing Information:

Credit Card Number (Visa/MC/AX only): _____

Credit Card Expiration Date: _____ / _____

Cardholder Signature: _____ Date: _____

Date of Birth (required) _____

By signing this form, I agree to accept one full year of shipments before terminating my membership.

Please Send or Fax This Completed Wine Club Form To:
7370 Hwy 128 ~ Healdsburg, CA 95448
FAX: (707) 433-5136
zinclubs@sonic.net www.sausalwinery.com