Tucker Wines Wine Club Membership Form

Name:		Da	te:	_
Billing Address:				
Street Address:		<u>City</u> :	State:	Zip:
Shipping Info (cannot ship to P.O. boxes):	Same as Bill	ing Address		
Street Address:		City:	State:	Zip:
Phone:		Email:		
Credit Card Number:		E	xpiration Date:	
Card Holder Signature:		CVC	Code	
By enrolling I certify that I least 21 years of age. I auth understand that my membe of any changes in my billin notify Tucker Wines in wri to the next shipment date. O understand taxes will be ap	norize Tucker Wines t orship benefits will be ng or shipping informating ting or via email of m Otherwise, I agree to a	o charge my credit card gin immediately. I agree ation prior to each shipn nembership cancellation accept and pay for the n	prior to each shipment to notify Tucker Wine nent date. I agree to at least two weeks prior	es
How did you hear about	ut the wine club (check all that apply)	?	
Previous Customer	Website	Received an e Tucker Wines		
Referral (referral na	ame):		Other:	
Please return the comp	leted membership	o form to Tucker Wi	nes via one of the f	ollowing:
Fax: (408) 739-1734				
Email Scanned Copy:	info@tuckerwines	<u>s.com</u>		
Mail to: Tucker Wines 849 Shenandoah Drive Sunnyvale, CA 9408				