

Rock of Ages Winery & Vineyard

Join Rock of Ages "Old Cellar" Wine Club Membership Application

Please print the information below. Asterisks are required fields.

Billing Information: (must match credit card at bottom of page)

* First Name: _____ Middle Initial: _____

* Last Name: _____ *Phone: _____

* E-Mail: _____ Cell: _____

Billing Address:

*Address: _____

*City: _____ *State: _____

*Zip: _____

Shipping Information: (If different from Billing Address)

Wine shipments require an adult signature at delivery.

Shipping charges will apply.

Ship To: _____

Address: _____

City: _____ State: _____

Zip: _____ Phone: _____

Credit Card Information: (Must match billing info at top of page)

*Credit Card Type: __ Visa __ Master Card __ Discover

*Card Number: _____

*Expiration Date: __/__/__ *3 Digit Security Code: _____

Your signature authorizes a one-time \$35 wine club membership fee.

*Signature: _____

*Date _____

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