



CELLAR CLUB - MEMBERSHIP APPLICATION FORM:

Instructions: Please complete and fax it to (02) 8338 0399

MEMBER : Title Mr / Mrs / Ms / Dr / Other

Given name/s _____

Surname _____

Date of Birth _____ (Must be over 18)

Password _____ (Min 5 digit)

POSTAL ADDRESS: Number / Street _____

Suburb _____ State _____

Country _____ Postcode _____

CONTACT DETAILS: Home Phone _____ Fax _____

Work Phone _____ Mobile _____

Email _____

How did you find us ? _____

MEMBERSHIP TYPE: Please tick one

- | | | |
|---------------|--------------|--------------------------|
| Classic | \$75 / year | <input type="checkbox"/> |
| Cellar Club | \$150 / year | <input type="checkbox"/> |
| Cellar Club + | \$250 / year | <input type="checkbox"/> |

YOUR AUTHORITY:

I request wine-ark to provide membership, storage, insurance coverage and other services as instructed by me from time to time in accordance with the Terms and Conditions & Rate Schedule as published from time to time. I agree to abide by the Wine Ark's Cellar Club Event Policy as published from time to time.

I authorise Wine Ark to charge all fees payable by me to the following credit card.

CREDIT CARD No: _____ **CARD TYPE:** _____

NAME ON CARD: _____ **EXPIRY DATE:** _____ / _____

SIGNATURE: _____ **DATE:** _____