BISHOP GROVE WINES cellarfamily

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MEMBERSHIP APPLICATION

Yes! I would like to become a member of Bishop Grove Wines Cellar Family.
I state that I am over 18 years of age.

PERSONAL DETAILS
❒ Mr ❒ Mrs ❒ Ms ❒ Other _____

First Name _____ Surname _____
Postal Address_____
_____
_____ State_____ Postcode _____
Tel. (work)_____ Tel. (home) _____
Mobile_____ Fax _____
Email_____

DELIVERY INSTRUCTIONS
Your wine is delivered by courier, Monday to Friday, 9am to 5pm.

Contact/ Company Name _____
Delivery Address_____
_____
_____ State_____ Postcode _____
Special delivery instructions _____
_____
_____

AUTHORISED DEDUCTIONS
I authorise Bishop Grove to debit my credit card three times a year (March, July and November) for

❒ $109 plus freight for 6 mixed bottles

❒ $218 plus freight for dozen mixed bottles

❒ Bankcard ❒ Mastercard ❒ Visa

__ __ __ __ / __ __ __ __ / __ __ __ __ / __ __ __ __ Expiry Date ____/____

Name on Credit Card (please print) _____

Signature _____

Please fax this membership application form to Bishop Grove Vineyard 02 49304357, or give to your Cellar Friends consultant, or post to: Bishop Grove Cellar Family, 880 Old Maitland Rd, Bishops Bridge, NSW 2326.