

NICHOLSON
VINEYARDS

SANTA CRUZ MOUNTAINS

The NV Wine Club

2 Types of Membership: Quarterly: 3, 6 or 12 Bottles (1, 2 or 4 Cases)
Bi-Monthly: 2, 4 or 8 Bottles (1, 2 or 4 Cases)

Members receive:

- *Quarterly or bi-monthly shipments of wine of your choice
- *Quarterly orders processed in February, May, August, & November
- *Bi-monthly orders processed in January, March, May, July, September & November
- *15% (1 case member), 20% (2 case member) or 25% (4 case member) discounts
- *First opportunity to purchase all limited releases
- *Select opportunity to purchase “Club” releases
- *Special invitations to private tasting and “members only” events
- *Wine may be picked up at the winery, shipped UPS* or delivered locally*
(*Fees apply)

Payment Terms & Agreement:

- *Club members will be billed (visa / mastercard on file) for their wines during the 1st week of the shipment month
- *Charges will include sales tax and freight (when applicable). Average bottle price is \$30.00
- *Must be at least 21 years of age to sign for receipt of wine shipment
- *Wine club membership may be cancelled after receipt of 1 case
- *Wine cannot be shipped to a P.O. Box. Business address is preferable
- *Wine will be shipped (at member’s expense) if not picked up within 1 month of processing

Please ask for California shipping charges and list of states that we ship to. Limitations may apply. We understand that circumstances can change. However, we respectfully request a 1 year commitment. To cancel, please notify the winery in writing via mail, email or fax. A **\$40.00** processing fee will be billed if membership is cancelled prior to receipt of 1 year’s wine allotment.

The NV Wine Club Membership

Date: _____

Type of Membership: Quarterly 3 _____ bottles 6 _____ bottles 12 _____ bottles
Bi-Monthly 2 _____ bottles 4 _____ bottles 8 _____ bottles

Name: *Please Print* _____

Shipping Address: _____
(Must be at least 21 years of age to sign for wine shipment)

City: _____ State: _____ Zip: _____

Day Time Phone: _____ Email: _____

Wine Choices: _____

Contact Preference: Phone / Mail / Email Is this a gift membership? Yes ___ No ___

Pick up ___ Ship UPS ___ (Fees apply) Local Delivery ___ (\$10.00 fee)

Payment Method: Visa _____ Master card _____

Card Number: _____

Expiration Date: _____

3 Digit Code: _____

Complete Billing Address if different from Shipping:

Name _____

Address _____

City _____ State _____ Zip _____

If membership is cancelled prior to receipt of 4 quarterly orders or 6 bi-monthly orders, a \$40.00 processing fee will be charged.

Authorization Signature: _____