

BOIREANN



The Boireann Bunch

WINE CLUB APPLICATION

PLEASE POST COMPLETED APPLICATION TO: BOIREANN WINERY, PO Box 168, THE SUMMIT 4377

DATE:/...../.....

SURNAME:.....GIVEN NAME(S):.....

DATE OF BIRTH:..... PARTNER'S NAME: (OPTIONAL).....

POSTAL ADDRESS:.....

SUBURB/TOWN:..... POSTCODE:.....

SPECIAL DELIVERY REQUIREMENTS (EG IF NOT HOME WHERE TO LEAVE SAFELY):.....

DELIVERY ADDRESS (IF DIFFERENT TO POSTAL ADDRESS):.....

PHONE: (HOME)..... (MOBILE):.....

EMAIL:.....

PAYMENT OPTIONS

CREDIT CARD (PLEASE TICK) VISA MASTERCARD

CARD NUMBER: _____ EXPIRY DATE: ____ / ____

I HEREBY AUTHORIZE BOIREANN ABN 34 801 604 042 TO ENROL ME AS A MEMBER OF THE BOIREANN BUNCH WINE CLUB, AND DEBIT MY CREDIT CARD AS NOMINATED ABOVE, AND ANY CARD ISSUED TO ME IN RE-NEWAL OR REPLACEMENT THEREOF WITH THE COST OF MY WINE DELIVERIES. I UNDERSTAND THAT MY MEMBERSHIP REQUIRES ME TO RECEIVE A ONE DOZEN CASE EACH YEAR, AND THAT I MAY CHANGE MY PACK OR CANCEL MY MEMBERSHIP AT ANY TIME PRIOR TO THE PACK'S DISPATCH WITHOUT PENALTY. I AM LIABLE TO PAY FOR ONLY THOSE WINES THAT HAVE BEEN DISPATCHED PRIOR TO MY MEMBERSHIP CANCELLATION. I AM 18 YEARS OF AGE OR OLDER. I AGREE TO PROVIDE NEW CREDIT CARD DETAILS ANNUALLY.

PRINTED NAME:.....

SIGNATURE:.....