



ELLIPTICAL SOCIETY APPLICATION

I/We, _____, hereby apply for membership in the Le Cuvier Elliptical Society, & gleefully acknowledge that I will be receiving two annual Le Cuvier shipments of six bottles each, one in the Spring & one in the Fall, & I further acknowledge that said Elliptical shipments will be automatically charged against the following credit account:

Form containing fields for Visa/MC/AMEX/Disc#, Exp. Date, Shipment Type, Billing Information (Address, City, State, Zip, Home Phone, Email), Wine Delivery Address (Business or C/O Name, Street, Apt./Suite/Floor, City, State, Zip, County), Ship Phone, Business/Cell, Date of Birth, and Shipping Options.

Fine Print:

- List of 7 terms and conditions regarding membership, cancellation, shipping, and credit card authorization.

LE CUVIER WINERY & TASTING: 9750 ADELAIDA RD. MAIL: 3333VINE HILL LN. PASO ROBLES, CA 93446 TEL: 805-238-5706 OR 800-549-4764 FAX: 805-237-0577 EMAIL: CLUB@LCWINE.COM WWW.LCWINE.COM

Signature: _____

Date: _____

Referred by: _____