

# Mt. Brow Winery *Costello Family* Wine Club

## Application for Membership

Fax to: 209 536-1261, email to [info@mtbrowwinery.com](mailto:info@mtbrowwinery.com) or  
Mail to P. O. Box 220, Columbia, CA 95310

\_\_\_\_\_  
Name

\_\_\_\_\_  
Company

Ship To: Address  
An adult signature is required. It is often a good idea to ship to a business where there is someone to sign for the wine.

\_\_\_\_\_  
Street

\_\_\_\_\_  
City, State, and Zip Code

Credit Card Information  
(Strictly Confidential)  
Card Type (Circle) Sorry, no AMEX

Visa    MC    Discover

\_\_\_\_\_  
Card Number

\_\_\_\_\_  
Expiration Date                      3 digit Code

CC Billing Address

\_\_\_\_\_  
Street or PO Box

\_\_\_\_\_  
City, State, Zip Code

Telephone No. \_\_\_\_\_

FAX No. \_\_\_\_\_

E-Mail \_\_\_\_\_

### SELECT OPTIONS

Sign me up for 2 bottles per quarter (\$22-\$35 plus shipping) and begin shipping at the next quarterly shipping date.

I prefer to receive 6 bottles per quarter. (\$65-\$110 plus shipping).

I prefer to receive a case per quarter (\$120-\$220 plus shipping).

Notify me when I can pick up my quarterly selection at the winery and save the freight and handling costs.

I prefer to receive notifications and newsletters by email.

I prefer to receive notifications and newsletters by U.S. Mail.

### AUTHORIZATION

I authorize Mt. Brow Winery to charge my credit card for quarterly shipments of wine. I am at least 21 years of age and agree to accept two quarterly shipments before canceling my membership to the *Costello Family* Wine Club.

\_\_\_\_\_  
Signature

Date \_\_\_\_\_