

**Tri-Cities Wine Society**  
**Membership Application**  
*Contact Information for Members*

\*Name(1): \_\_\_\_\_

Name(2): \_\_\_\_\_

\*Address: \_\_\_\_\_

\*City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ - \_\_\_\_\_

\*Phone(Home) \_\_\_\_\_ Phone(Other) \_\_\_\_\_

\*E-mail address (1): \_\_\_\_\_

E-mail address (2): \_\_\_\_\_

\*Prefer E-mail delivery of monthly EVOE newsletter to E-mail address: \_\_ (1) \_\_ (2)

This is a change of Contact Information.

**Gift membership from:** \_\_\_\_\_

Greeting message from giver: \_\_\_\_\_

**New membership**

\_\_\_ **Renewal Payment Type:**

\_\_\_ **Single** (\$18.50) \_\_\_ **Couple** (\$25)

**New Members: Where did you hear about the Tri-Cities Wine Society?**

\_\_\_ **Member's Name:** \_\_\_\_\_

\_\_\_ **Newsletter:** \_\_\_\_\_

\_\_\_ **Wine shop/Winery:** \_\_\_\_\_

\_\_\_ **Web Site:** \_\_\_\_\_

\_\_\_ **Other (please specify):** \_\_\_\_\_

**Would you like to be contacted about volunteer opportunities?**

**YES** \_\_\_ **NO** \_\_\_

Please print this form, fill it out and bring it to an event or enclose your payment and mail. We are unable to process this form online at this time.

**Make checks payable to Tri-Cities Wine Society**  
**and send to Tri-Cities Wine Society**  
**P.O. Box 1142, Richland, WA 99352**

\* This information is mandatory to process your membership application