



## WINE CLUB

- Free membership
- 10% off all purchases
- 20% off all case purchases of current club selections
- Tasting notes & technical information shipped with each order
- No tasting fees for members
- Priority purchases of limited releases & special cellar selections

### HOW IT WORKS

Members will choose to have 2, 4, 6, or 12 bottles shipped to their door four times per year. Members may choose the "Red Only" option, or they may choose a mix of red and white. Wines will be selected by our winemaker.

Members will receive advanced notice of each delivery. Your credit card will be charged at the time of shipping for the discounted amount of the wines, plus shipping and sales tax (where applicable). If you decide to cancel your membership, please let us know, in writing (e-mail or by mail), prior to your next delivery. You will be responsible for all shipments through the date we receive your written cancellation.

### TO JOIN, DO ONE OF THE FOLLOWING:

Email, call or fax us:	Or mail the attached form to:
Email: sales@tertuliacellars.com	1564 Whitely Road
Phone: 509-525-5700	Walla Walla, WA 99362
Fax: 509-525-5701	

Please indicate with your request if you would like to receive future information from our winery (i.e. newsletters, club information, new release information, etc.) Also indicate which method you prefer, e-mail or mail.

Tertulia Cellars Does not ship to states where it is prohibited by law.

### AGE DISCLAIMER & DELIVERY REQUIREMENTS

It is illegal to sell or deliver alcoholic beverages to persons under 21 years of age. Signature and identification are required at the time of delivery.

I would like to sign up for:

- 2 bottle shipments
- 4 bottle shipments
- 6 bottle shipments
- 12 bottle shipments
  
- Red only
- Red and white mixed

Billing information:

First Name: \_\_\_\_\_  
Last Name: \_\_\_\_\_  
Company Name (if applicable): \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_  
Zip Code: \_\_\_\_\_  
Daytime Telephone: \_\_\_\_\_  
Email: \_\_\_\_\_

Shipping information:

(Fill out only if different from billing)  
First Name: \_\_\_\_\_  
Last Name: \_\_\_\_\_  
Company Name (if applicable): \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_  
Zip Code: \_\_\_\_\_  
Daytime Telephone: \_\_\_\_\_

Credit card info:

- Visa
- Master Card
- Discover
- American Express

Card number: \_\_\_\_\_  
Expiration date (mm/yy): \_\_\_\_\_