

Associate _____

Invoice # _____

SUMMIT CLUB MEMBERSHIP AGREEMENT

\$25 one time joining fee (non-refundable)

MEMBERSHIP TYPE:

Traditional Club (2 White & 2 Red) ____

White Wine Only Club (2 each of two Whites) ____

Red Wine Only Club (2 each of two Reds) _____

By signing up for the Summit Club you agree to the following:

- Acceptance and payment for three shipments per year. Selections will be available in Spring, Summer and Fall.
- Wines are hand-selected by our winemaker and there are <u>NO substitutions</u>. Prices for each 4-bottle shipment range from \$75 \$130 (Not including shipping & handling charges).
- You will be notified by email at least 24 hours prior to billing and shipment, at which time you agree to update any address or credit card changes. *Checking your email and providing an accurate email address is crucial. Lack of response and/or participation will result in the cancellation of your club membership.*
- 'Pick Up' wines must be picked up within the designated pick-up month or they will be shipped and your credit card will be charged. Pick up dates will be in your wine club email sent prior to charging your card on file.
- Wines must be purchased by, shipped to and signed for by an adult 21 years of age or older.
- Mt. Hood Winery is not responsible for additional charges for misdirected or returned shipments.
- The shipping date is subject to change depending on the ideal shipping weather for your area.

BILLING INFORMATION:

Name(s):	Email:		
Address:			
City:	State:	Zip:	
Primary Phone:	Date of Birth:	_//(re	quired)
Pick Up: Ship:	_ (Please let us know at least 2 weeks ir	advance of shipment if	this changes)
SHIPPING INFORMATION: (Comple	ete only if different than billing)		
Business name, if applicable:			
Address:			
City:	State:	Zip:	
	Information) X Expiration Date: / Name o		
cancel my membership following a	rge my credit card for Summit Club shipm minimum one-year commitment. I will in o the next scheduled shipment. My signat	form Mt. Hood Winery vi	a email or in writing of
Signature:		Date	e: / /
Gift Membership	_ Gift received Start in	n: SPRING 🗌 SUMM	1ER 🗌 FALL 🗌
2882 Van Horn	Drive, Hood River, OR 97031 ~ 541-386-833	3 ~ wineclub@mthoodwin	ery.com