



VILLIERA WINES
STELLENBOSCH

WINE CLUB MEMBERSHIP FORM

FIRST NAME _____

SURNAME _____

POSTAL ADDRESS _____

POSTAL CODE _____

DELIVERY ADDRESS _____

POSTAL CODE _____

TELEPHONE NUMBER +27 ()
Area code _____

MOBILE NUMBER: +27 _____

EMAIL ADDRESS: _____

DATE OF BIRTH: DD/MM/YYYY (Year optional) _____

FAVOURITE WINE CATEGORY:
(Ticket applicable box)

BOTTLE FERMENTED SPARKLING

☐

WHITE

☐

RED

☐

FRENCH WINES

☐

FAVOURITE CULTIVAR (S) _____

I WOULD LIKE TO RECEIVE VILLIERA'S
NEWSLETTER

YES

☐

NO

☐

I WOULD LIKE TO RECEIVE
PROMOTIONAL WINE OFFERS

YES

☐

NO

☐

Date: _____

Signature: _____