Membership Agreement

CONTACT DETAILS ☐ I wish to become a member of the Summit First Name Estate Alto Club and receive regular deliveries of wine until I advise otherwise. Last Name _____ **WINE SELECTION** D.O.B Please select from the list below your default Contact No. pack which will be sent to you if you do not Email advise us of another choice when we alert you to the upcoming mail out. **DELIVERY ADDRESS** ☐ The Winemakers Collection \$150 Street _____ Six premium red, white or mixed wines hand selected by our winemaker for you ☐ Directors Collection \$125 Suburb _____ Six boutique red, white or mixed wines State _____ Postcode_____ I hereby authorise Summit Estate Wines to register Delivery Instructions if not at home me as a member of the Alto Club. Summit Estate Wines will debit my nominated credit card, and/or any card issued to me in renewal or replacement thereof with the cost of my wine. The wine will be delivered during the months of March, July and November each year. **PAYMENT DETAILS** I understand that the minimum membership commitment is for One Year from the date ☐ Visa ☐ MasterCard indicated below. On the anniversary of this date I am able to opt out at any time prior to the Credit Card Number stipulated dispatch schedule without penalty. If I opt out before the 12 months is up I agree to pay back any discounts and courier fees afforded to me as a member. Expiry \(\bigcup \) \(\bigcup \) \(\color \color \color \bigcup \) I understand that I am liable to pay for all wine dispatched prior to my membership cancellation. I Cardholders Name agree to provide any new credit card details to Summit Estate Wines by phone or in writing as required during membership of The Alto Club. Signature _____ I declare that I am over 18 years old and understand that the supply of alcohol to minors is prohibited by law. Staff to Complete Supplying my contact details gives Summit Estate Member Number _____ Wines permission to contact me via telephone, email and mail with future special offers. Staff Name _____ Signature_____ Date

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