



Six Hands Wine Club Membership Form

Billing Information:

First Name: _____ Last: _____ Address is: Home or Work

Street: _____ City: _____ State: _____ Zip: _____

Day Phone: _____ Eve: _____ E-mail: _____

If shipping address is different than billing, please complete the following:

First Name: _____ Last: _____

Street: _____ City: _____ State: _____ Zip: _____

Credit card type: Visa MasterCard

Credit Card # _____ Exp. Date (mm/yy) _____

Signature: _____

I understand by signing above I have read and accepted the Six Hands Wine Club policy statements.

I certify that I am 21 years of age or older -- YES

Privacy Policy: Your name and any other information provided to Six Hands Winery will not be sold or shared with any other companies. If at any time you prefer not to be included in our mailing please let us know and we will honor your request.

Send Completed Application Either by US Mail, FAX or Email:

Six Hands Winery

P.O. Box 444

Walnut Grove, CA 95690

Phone: 916-776-2053 - FAX: (916) 776-2053

Email: pmarks6HW@aol.com