

RIDGEBACK

WINE CLUB

I would like to become a member of the Ridgeback Wine Club.

Title: _____ First name: _____

Surname: _____ E-mail address: _____

Tel: _____ Fax No: _____

Delivery Address: _____

Postal Address: _____

_____ Postal Code: _____

Signature of applicant

- On receipt of your application you will be sent a Membership number.
- This number as well as your name need to be quoted on all orders.

Orders can be placed by calling: +27(0)21 869 8068.

E-Mail orders to: tasting@ridgeback.co.za

For office use:

Membership number:

Starting date: