



Tri-Cities Wine Society

ANNUAL MEMBERSHIP FEE:

___ **Single \$25.00** ___ **Couple \$35.00**

Name (1) _____

Name (2) _____

Address _____

City _____ State: _____ ZIP: _____ - _____

Phone _____ Alternate Phone: _____

E-mail address (1) _____
(only for Society newsletter, announcements)

E-mail address (2) _____
(only for Society newsletter, announcements)

How would you like to receive the Society's monthly EVOE newsletter and announcements?

- E-mail —*Please provide legible e-mail address*
- US mail
- Both e-mail and US Mail

How did you hear about the Tri-Cities Wine Society?

- ___ Member
- ___ EVOE Newsletter
- ___ Wine shop/Winery
- ___ Web Site
- ___ Other _____

Please complete this form,
make checks payable to
"Tri-Cities Wine Society"
and send to:

Tri-Cities Wine Society
P.O. Box 1142
Richland, WA 99352