



Tri-Cities Wine Society
Annual membership fee:
___ Single (\$20.00) ___ Couple (\$30.00)

Name (1): _____

Name (2): _____

Address: _____

City: _____ State: _____ ZIP: _____ - _____

Phone: _____ Alternate Phone: _____

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

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

- E-mail
- US mail
- Both e-mail and US Mail

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

- ___ Member
- ___ 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