



APPLICATION FOR MEMBERSHIP

Winery Name _____ Date _____

Owner(s) _____ Title _____

Winemaker(s) _____

Address _____ City _____

County _____ State _____ Zip Code _____

Winery Phone _____ Fax _____

Web Site _____ E-mail _____

Day Phone _____

Tasting Room Y N Tours Y N Picnic Area Y N

Tasting Room Address (if different) _____

Tasting Room Phone (if different) _____

Days Open _____ Hours _____

Description of Winery _____

Year Founded _____

Total acres owned _____ Bearing Acres _____ Non-Bearing Acres _____

Varieties Planted _____

Varieties currently available for sale (including vintage and appellation) _____

Yearly Case Production (attach copies of TTB form F 5020.17 and California Dept of Agriculture "Grape Crush and Purchase Report" Summary Page for most recent harvest) _____

TTB Basic Permit Number (attach copy) _____

CA ABC License Number (attach copy) _____

El Dorado County Business License Number (attach copy) _____

Sellers Permit Number (attach copy) _____

Directions to winery/Tasting Room _____

Credit Card # _____ Amount Authorized: \$ _____

*VCode: _____ Exp. date _____ Billing Zip Code _____

*The VCode is a 3 or 4 digit number on the back of your card

Cardholder Name _____

Signature _____ Date _____

El Dorado Winery Association
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