



## WINEWOMEN PSP MEMBERSHIP APPLICATION

P.O. Box 12126, Palm Desert, CA 92255

Email [info@winewomenpsp.com](mailto:info@winewomenpsp.com)

Phone 760.880.5010

### MEMBERSHIP TERMS

NEW Member  One year: \$100  Two years: \$175

Winewomen Member  One year renewal: \$75

### NAME

First \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last \_\_\_\_\_

### PREFERRED MAILING ADDRESS (Please update as needed)

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### CONTACT INFORMATION (Please update as needed)

Tel \_\_\_\_\_ Cell \_\_\_\_\_ E-mail \_\_\_\_\_

*Please help us serve our membership better by telling us:*

### WHAT INTERESTS YOU IN JOINING WINEWOMEN PSP?

(Mark all that apply)

Networking  Wine education  Outings and venues  Member discounts  
 Newsletter  Other \_\_\_\_\_

### MAY WE CONTACT YOU ABOUT BEING A COMMITTEE MEMBER?

Membership  Special Events  Auction/Raffle  Event Volunteer  
 Newsletter  Other \_\_\_\_\_

### MAY WE CONTACT YOU ABOUT OFFERING A PRODUCT, DISCOUNT, INCENTIVE OR SERVICE TO FELLOW WINEWOMEN PSP MEMBERS?

Yes  No  Later (specify) \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Date paid \_\_\_\_\_ Amount \_\_\_\_\_ Term \_\_\_\_\_

Check # \_\_\_\_\_ Cash \_\_\_\_\_ MC \_\_\_\_\_ Visa \_\_\_\_\_ AE \_\_\_\_\_ Disc \_\_\_\_\_ Debit \_\_\_\_\_

Number \_\_\_\_\_ Exp \_\_\_\_\_ CVV \_\_\_\_\_

Billing Address \_\_\_\_\_

Received by \_\_\_\_\_ Recorded by \_\_\_\_\_ Date deposited \_\_\_\_\_