

**To subscribe to the VIP Club Sirromet program complete your details below and return to your friendly Sirromet staff member. Mail: PO Box 1332, Capalaba, Queensland 4157
OR Call: (07) 3822 0621 OR email: members@sirromet.com**

Your Preferred Title: (Please Tick) Mr Mrs Ms Other _____

Name: _____

Address: _____

Suburb: _____ State: _____ Postcode: _____

Telephone: _____ Date of Birth: / /

Mobile: _____ Email: _____

Wine Club Shipment Selection: (Please Tick) Mixed Red White

Delivery Address: As Above or

Address: _____

Suburb: _____ State: _____ Postcode: _____

Delivery Instructions if no one is at home to accept delivery: (Please Tick)

Front Door Back Door Reception Other (please specify)

Instructions: _____

PAYMENT OPTIONS: I authorise you to enrol me in Club Sirromet

GOLD MEMBERSHIP

Yearly up-front payment **\$622** (Save \$97.40)

Payment from my account **\$59.95 Monthly**

SILVER MEMBERSHIP

Yearly up-front payment **\$347** (Save \$60.40)

Payment from my account **\$33.95 Monthly**

Credit Card Details: (Please Tick) Visa Mastercard American Express Diners Club

Number: _____ / _____ / _____ Expiry Date: _____

Name on card: _____

Please enrol me as a Club Sirromet Member. I may cancel my membership at any time by providing 30 days written notice. I am over 18 years of age. It is my responsibility to ensure that there are sufficient available funds in the nominated account to allow the appropriate sum to be charged. If there are insufficient funds or invalid information, I may be charged a fee. Fourteen days notice is required for refunds or change. Sirromet Wines respects the privacy of all people and will not forward your details onto any external party, as per Sirromet Wines Privacy policy statement. Sirromet Wines Pty Ltd may, unless otherwise advised, compile names from membership forms for the purpose of mailing and emailing details of upcoming events and promotional offers. For more information on terms and conditions please visit www.sirromet.com or contact Sirromet on (07) 3822 0621. Please tick if you do not wish to receive details of upcoming events or offers.

I have read and agree to these conditions of sale

Signature: _____ Date: _____

If this membership is a gift, please provide your details as the gift giver

Name: _____ Telephone: _____

Office Use Only

Membership Number: _____

Free Case Taken: Yes No

Approved by: _____

Notes: _____