Salted Vines Vineyard & Winery
32512 Blackwater Road Rt. 374
Frankford, DE 19945
(302) 436-1500
saltedvines.com

Club Agreement Date:_____

☐ FOUNDERS CLUB ☐ VINO CLUB MEMBERSHIP AGREEMENT

_____
First Name **Middle Initial** **Last Name**

_____
Address **City** **State** **Zip Code**

_____
Primary Phone Number **Birthdate**

_____ ☐ **SWEET** ☐ **DRY** ☐ **WINERY CHOICE**
E-mail **Vino Pack Preference**

Your Membership begins:_____ **Your Membership expires:**_____

1. RIGHT TO CANCEL: The buyer may cancel the contract without penalty within three business days of signing and the buyer receiving a fully completed copy thereof. Within 10 business days of receipt of notice of cancellation under this paragraph, the Winery shall refund to the buyer money paid under the contract. Buyer shall cancel by delivering or mailing by certified mail, return receipt requested, written notice to Salted Vines Vineyard & Winery ("Winery"). The notice must say that you do not wish to be bound by the contract and must be delivered or mailed before 12 midnight of the third business day after you sign and receive a copy of this contract.
2. GOVERNING LAW: This Agreement shall be governed by and interpreted in accordance with the laws of the State of Delaware.
3. COMPLIANCE: By executing this contract, the buyer agrees to comply with all rules, regulations, policies and procedures as may be established or amended from time to time by the Winery.

Credit Card Authorization Form

Credit Card Information			
Card Type:	☐ MasterCard	☐ VISA	☐ Discover ☐ AMEX
Cardholder Name (as shown on card):			
Card Number:			
Expiration Date (mm/yy):			CVV#:
Billing Address:			
City:		State:	Zip Code:
Billing Phone #:			

I,_____, authorize Salted Vines Vineyard and Winery to charge my credit card above for agreed upon purchases. I understand that my information will be saved to file for future transactions on my account.

Customer Signature	Date
Winery Representative Signature	Date

Winery / Member Notes: