



Wine Club Membership Form

To join the River's Edge Wine Club please complete the form and mail or fax it to the address or number below. Or, give us a call and we can fill the form in for you.

Return to:
River's Edge Winery
PO Box 539
Elkton, OR 97436
Phone: (541) 584-2357
Fax: (541) 584-2837

DO NOT SUBMIT YOUR CREDIT CARD INFORMATION VIA EMAIL

If you would like to sign up via email please send your contact information, membership level, and preference only. Email is not a secure method for submitting credit card information. We will call you to get your credit card information once we receive your form.

Membership level: 4 bottle 12 bottle **Preference:** Red & White Red Only White Only

Name: _____ **Date:** _____ Pick up Ship

***Shipping Address:** _____ **City:** _____ **State:** _____ **Zip:** _____

(Signature required by adult 21 or older for delivery)

Billing Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Credit Card # _____ **Expiration date:** _____

Name on Card: _____ **Type:** Visa MasterCard Amex Discover

Email Address: _____ **Phone:** _____

Yes, I am 21 years of age or older

*Due to current laws and restrictions we are unable to direct ship to the following states: Alabama, Arkansas, Delaware, Kentucky, Massachusetts, Mississippi, Montana, Oklahoma, Pennsylvania, South Dakota, and Utah