



WINETASTERS OF COLLINGWOOD

YEARLY MEMBERSHIP APPLICATION

I/we, (Print Name(s)).....

.....

I/we desire to become a member(s) of Winetasters of Collingwood.

Date/...../.....

Fee \$30 person

Signature(s).....

.....

Full Name(s).....

.....

Address (s) including winter mailing address if different from Collingwood

.....
.....
.....
.....

Telephone Number.....

Other Telephone Number(s).....

E-mail address

Please mail cheque to Nina Margesson,
16 Woodland Court,
Collingwood, On
L9Y 5B3

OR E-transfer funds to nina@margesson.com

Security question: What do we drink? Answer - Wine