



COLUMBIA WILLAMETTE ENOLOGICAL SOCIETY
Membership Application

Make payment to:

CWES PO Box 872713 Vancouver WA 98787

Membership is \$35 per person per year (September – August).
You must be 21 to join.

New Membership ____ Renewal Membership ____ Address Change ____

Name 1:

Email Address:

Name 2:

Email Address:

Address:

Street

City

State

Zip

Home Phone: _____ Cell Phone: _____ Date: _____

Monthly program announcements and newsletters are sent via email.

I would be interested in helping with: programs ____ membership ____ publicity ____
website ____ finance ____ other _____

If you have questions, please contact: cweswine@gmail.com

Date Joined _____ Date Renewed _____ Amount Paid _____ Date Paid _____

Membership Contact _____

Database Update _____