



**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](mailto:cweswine@gmail.com)***

Date Joined \_\_\_\_\_ Date Renewed \_\_\_\_\_ Amount Paid \_\_\_\_\_ Date Paid \_\_\_\_\_

Membership Contact \_\_\_\_\_

Database Update \_\_\_\_\_

January 2019