

Membership Application

The undersigned hereby applies for active membership in Wine Institute, a nonprofit corporation, and agrees, if elected, to be bound by and comply with the bylaws of said corporation.

It is understood that the Wine Institute will not be responsible for any representations made by any officer, agent or employee and that this Application is not made because of, or by virtue of, any representations made by any agent, officer or employee of said corporation.

Firm Name:				
Doing Business As (name by which business is known,):			
Mailing Address:				
Address of Licensed Premise:				
County of Licensed Premise:				
Telephone:	FAX:			
Web Site:	E-Mail:			
Federal (TTB) BW/BWC/DSP Permit#(s):	Authorization Date(s):			
(Include all BW Nos. owned or leased by above Firm)				
State (ABC) Winegrowers License #(s):		Autho	rization D	ate(s):
Type of Organization: (choose one) Corporation	Individual	Partnership	LLC	LLP
(If corporation, application must be accompanied by c authorizing the execution of the application.)	a certified copy of a	Resolution of the Bo	oard of Dire	ectors thereof,
Application Signed By:				
Name		Title		
Date Application Signed:				
NOTE: Each member is asked to designate one pers addressed. Please indicate below information for that				itute mailings should be
Key Official Name:		Title:		
Key Official Address:				
Key Official E-mail Address:				
Mail completed App	lication and Du	es Computation	Form to:	:
Wine Institute		rector mento, CA 95814		
A DUES COMPUTATION FO	ORM MUST ACCO	OMPANY THIS A	PPLICAT	ON