



Membership d'Soumah Registration Form

Contact Details:

Title:		First Name:		Last Name:	
DOB:		Phone No:		Email:	

Wine Pack Options:

- Gold Level (6-Pack Every 4 Months) Diamante Level (12-Pack Every 4 Months)
- White Pack Red Pack Mixed Pack

Billing Address:

Delivery Address:

Delivery address same as Billing

Street:		Street:	
Suburb/Town:		Suburb/Town:	
State:	Postcode:	State:	Postcode:
Country:		Country:	

Payment Details:

Credit Card Type:	<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard
Name on Card:		
Credit Card No:		
Expiry Date:	CCV:	

Terms and Delivery Instructions:

- I Agree to the Terms and Conditions*

Notes:

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Signature:

Date:

* Terms and Conditions:

- I confirm that I am over 18 years of ages and I agree to accept charges for the above wine selection program.
- I authorise Soumah of Yarra Valley to debit my credit card with appropriate sum on the dispatch of my wine.
- I expect to receive future marketing opportunities and membership benefits until my membership is cancelled in writing.
- I understand that I may cancel my membership at any time without penalty after a minimum of one continuity delivery.

SOUMAH of YARRA VALLEY

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