

COSMIC CLUB AT CALAMUS

Member Info:

Name: _____

E-mail: _____

Address: _____

City: _____, Ontario

Postal Code: _____

Phone: _____

Membership Type (Please circle selection):

3 bottle - 6 bottle - 12 bottle

Payment Info:

Visa MasterCard Amex

Card # _____

Expiry Date: _____

I am purchasing the membership as a Gift For:

Name: _____

E-mail: _____

Address: _____

City: _____, Ontario

Postal Code: _____

Phone: _____

For more info

Phone 905-562-9303

or fax your form

FAX 905-562-3999

or scan and e-mail

CosmicClub@calamuswines.com

CALAMUS ESTATE WINERY

3100 Glen Road

Jordan, Ontario

LOR ISO

www.calamuswines.com

