



Napa Valley Wine Library Association

MEMBERSHIP APPLICATION

We invite you to join our association. Annual dues are **\$50.00** per person (renewals and new memberships on the day of the annual tasting are \$60.00 per person.) Mail this completed form with your check made out to the **Napa Valley Wine Library Association** to **P.O. Box 328, St. Helena, CA 94574**.

Please consider becoming a **life member** for a one-time fee of **\$1000.00** per person. Each life member receives two admissions to the annual tasting.

We are a non-profit 501(c)3 organization. Proceeds benefit the St. Helena Public Library.

Name(s) _____

Address _____

E-mail _____

Gift membership or other:

Name(s) _____

Address _____

___ Please check if you would like a gift acknowledgement sent.

I enclose:

___ \$1000.00 Life Membership

___ \$50.00 ___ \$100.00 Annual dues

___ Other \$ _____