GUSTO DI VITA CLUB MEMBERSHIP APPLICATION

APPLICANT INFORMATION		
Name:		Member #:
Telephone #:	Alternate #:	Email:
Mailing Address:		
City:	State:	ZIP Code:

CREDIT CARD INFORMATION – VISA/MASTERCARD ONLY		
Name as it appears on Card:		
Credit Card Billing Address:		City:
State:	Zip Code:	Card Type:
Card #:	3 digit CVC:	Card Expiration:

ALLERGIES OR DIETARY RESTRICTIONS
Please list any foods you are allergic to or have a sensitivity to, such as nuts, wheat, or dairy:

SPECIAL DATES		

PREFERENCES		

CLUB EVENTS	
Are you interested in Wine Tasting? YES NO	Are you interested in Cooking Classes? YES NO
Are you interested in Other Events at the club YES NO	Requested Events:

NOTES

Member Signature:	Date:

Email To: meg@fanucchioils.com OR Mail To: Fanucchi Oils
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