



*Wisconsin
Vintners
Association, Inc.*

Membership Information Form

Name _____
(last) (first)

Spouse (or other) _____
(last) (first)

Are you a commercial winery? Yes _____ No _____

Address _____

City _____ State _____ Zip _____

Telephone _____
(Primary number to be listed on Membership List)

E-mail _____
(Please print clearly)

E-mail of second member _____
(If they wish to receive all communications)

2021/2022 Annual Enrollment:

Send or give payment to:
Linda Wirtz
Director of Membership
8830 Rodney Ln.
Racine WI 53406