

Solera Sippers Wine Club

Application

Please Print

Member 1 _____

Member 2 _____

Address _____

Phone # _____

E-Mail _____

Are you interested in being a part of the Steering Committee for planning activities?

_____ YES _____ NO

Are you willing to help when need for a least one event per year?

_____ YES _____ NO

PROOF OF COVID VACCINATION IS REQUIRED TO ATTEND SOLERA SIPPERS EVENTS