



Treasure Valley Wine Society

Membership Form

Please Print All Information

Mail Completed Form and Check (Check Payable To **TVWS**) to:
TVWS
PO Box 7623
Boise, ID 83707-7623

Name(s): _____

Street: _____

City: _____ State: _____ Zip: _____ - _____

I certify that I am 21 years old or over: Yes No **You must be 21 or older to join the Society**

Phone (Home): (_____) _____ Phone (Cell): (_____) _____

Phone (Work): (_____) _____ E-Mail: _____

New Membership: Yes No Renewal: Yes No Update My Information:

Address Change: _____

E-Mail Change: _____ Phone Change: _____

Gift Membership? Yes No Greetings From: _____

Single: \$20.00 per year Couple: \$35.00 per year

New Members, How Did You Hear About The Society? _____

Would You Be Interested In Serving On A Committee? (Please Check All That Apply)

Education Yes No

Touring Yes No

Membership Yes No

Special Events Yes No

Publicity / PR Yes No

Fund Raising Yes No

Dinners Yes No

Communications Yes No

Monthly Tastings Yes No

Other (Please Specify) _____

If you have any questions, please contact us at: TVWS@hotmail.com. Thank-You and we look forward to meeting you and seeing you at our next monthly tasting or special event. "The Chapter is an organization dedicated to the education of its members in viticulture and enology and in the appreciation, knowledge and proper use of wine".