

THE SCOTCH MALT WHISKY SOCIETY

Gift of Membership Application

PERSONAL INFORMATION

Name: _____ Membership #: _____

Address: _____

City: _____ State: _____ Zip: _____

Daytime Phone: _____ Evening Phone: _____

Email Address: _____

BILLING INFORMATION

Card: _____ American Express _____ Visa _____ MasterCard

Credit Card #:

Expiration Date: ____/____/____ Security Code: _____

Name as it Appears on Card:

Billing Address: _____

*I certify that the recipient is 25 years of age or older. Signature: _____

GIFT RECIPIENT'S INFORMATION

Prefix: _____ First: _____ MI: _____ Last: _____

Address: _____

City: _____ State: _____ Zip: _____

Daytime Phone: _____ Evening Phone: _____

Email Address: _____ Date of Birth: _____

Card Enclosure: _____

The Gift of Membership is \$229.00 (plus applicable sales tax and shipping/handling costs) which includes the new membership kit featuring a selection of four 100ml bottles of Society whisky.

Please allow 4-6 weeks for the shipment to arrive to your gift recipient.

Membership is renewable annually on the anniversary of their enrollment.

The annual renewal fee is \$60.00 (non-refundable).

Please return form with payment to:

The Scotch Malt Whisky Society of America, Ltd. • 10210 NW 50th Street • Sunrise, FL 33351

Telephone: 800.990.1991 Fax: 954.749.2257 Email: info@smwsa.com www.smwsa.com

The Society requires a minimum age of 25 years for membership.

This application form is void where prohibited by law.

The Society reserves the right to refuse or terminate membership.