

Carpe Vinum

Chapter: **South Florida**

Membership Single (\$50) _____ Dual (\$85)_____

Name(s) _____

Street _____

City _____ Zip _____

Phone _____ Email _____

Payment [] Visa [] MasterCard [] American Express [] Check Enclosed

Credit Card # _____ Exp. Date _____

Cardholder _____ Signature _____

Enroll by fax at **305-964-4241** or print and mail with check to:

Carpe Vinum

12922 NW 22 Manor

Pembroke Pines, FL 33028