



MEMBERSHIP APPLICATION

New Application: _____
Updating Information: _____

NAME: _____

Code Name (Make it Fun!): _____

Date of Birth: _____ Phone: _____ Text ok? YES NO

Email: _____

Preferred Method of Contact: Phone Text Email Social Media No Preference

Do you have Facebook? YES NO Do you have Instagram? YES NO

Address: _____ City, State _____ Zip _____

Occupation/Title: _____

Bill To: Self Business Other Please specify: _____

Referred By: Internet Search Advertisement/Social Media Friend TWS Member: _____

Rate your whisky knowledge 1-5 (1 being little to none, 5 being expert): _____

Favorite whisky(s): _____

Favorite spirit(s): _____

Favorite cocktail(s): _____

How often do you purchase whisky? _____

Where do you purchase whisky? _____

Why do you want to join TWS? _____

Membership fees: Join \$1000 (one-time fee) Renewal \$250/year

Card on File: YES NO

I acknowledge that my membership will become active once I have paid the membership fee and have read and agreed to the terms of the TWS handbook.

Signature

Date