

ROCHESTER AREA HOMEWINEMAKERS

MEMBERSHIP APPLICATION

(PLEASE PRINT)

NAME: _____

ADDRESS: _____

CITY: _____

STATE: _____ ZIP: _____

PHONE: _____

E-MAIL: _____

Please send your annual dues of \$15.00, with \$5.00 for each additional household member, over 21 years of age, to:

ROCHESTER AREA HOME WINEMAKERS

C/O Paul Carletta

34 KirbyTrail

Fairport NY 14450

(585) 425-4171

paul.carletta@hotmail.com

WINEMAKING EXPERIENCE:

BEGINNER: _____ (never made wine before)

NOVICE: _____ (have made wine at least one time)

AMATEUR: _____ (have made wine 2-3 years)

ACCOMPLISHED: _____ (have made wine 4 or more years)

EXPERT: _____ (have ribbons or metals hanging on the wall)

OTHER HOBBIES OR INTERESTS:
