



Premier Cheese Club

Individual Membership Enrollment Request

Note: Enrollments are limited and subject to available space

Personal Information:

First Name:

Last Name

Email:

Phone number:

Payment Information:

Card Type: VISA ____ MasterCard ____

Credit Card Number:

Name on the Credit Card:

Card Expiry Date:

CCV (number on back of card)

Note: Credit cards will be billed \$195.00 (plus GST) approximately two weeks prior to the start of each 3 month program

Choose one of the following:

Enroll me in the next available enrollment period Y/N ____

OR

I would like to start my enrollment in the

Spring/Summer - Y/N ____,

Fall - Y/N ____,

Winter - Y/N ____, program period.