

# Contact Information

**Call:** (905) 641-5771

**Fax:** (905) 641-2031

*(Your Completed Enrollment Form)*

**Mail:** Rockway Vineyards  
3290 Ninth Street Louth  
St. Catharines, ON  
L2R 6P7

**Email:** wine@rockway.net



@rockwayvineyard



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# Membership Information

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Name

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Address

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City

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Postal Code

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Telephone

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Email

# Enrollment Form

**Billing Information:** *(Please bill by credit card)*

Visa  Mastercard  Amex

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Cardholder's Name

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Card Number

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Expiry Date

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Signature

*Credit cards will be billed upon each delivery*

