



Membership Application

Contact Information

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	

Professional Information

<input type="checkbox"/> Physician (MD/DO)	<input type="checkbox"/> Dentist/Podiatrist/Physician Assistant/ Nurse Practitioner/Nurse/Other
<input type="checkbox"/> Research (PhD)	<input type="checkbox"/> Wine Industry/ Journalists/ Media
<input type="checkbox"/> Medical Administration	<input type="checkbox"/> University/Clinic Affiliations:

Interests

Tell us in which areas you are interested

<input type="checkbox"/> Wine & Health	<p>Membership (Commandeur) \$150 US</p> <p>Master Card/Visa/American Express # _____</p> <p>Expiratory Date _____</p> <p>Security Number _____</p> <p>Members must be present at ceremonial induction to receive the Renaud Medal.</p>
<input type="checkbox"/> Wine Appreciation	
<input type="checkbox"/> Wine Collecting	
<input type="checkbox"/> Wine Travel	
<input type="checkbox"/> Food & Wine	
<input type="checkbox"/> Wine Competitions	
<input type="checkbox"/> Wine Literature	
<input type="checkbox"/> Society Leadership	

Signature _____

Membership application may be mailed to The Renaud Society/Desert Heart Foundation
6080 N. La Cholla Blvd. Tucson, Arizona 85741 or FAX'ed to 1 520 529 7226