



PALL MALL

Application for Virtual Membership

Personal details

TITLE FIRST NAME

SURNAME

ADDRESS

POSTCODE

Unless otherwise stated, we will use the address above as your delivery address when purchasing a tasting pack.
If you would like to use an alternative delivery address, please let us know below.

POSTCODE

MAIN CONTACT NUMBER

SECONDARY CONTACT NUMBER

PRIMARY EMAIL ADDRESS

SECONDARY EMAIL ADDRESS

DATE OF BIRTH

OCCUPATION

I hereby apply for virtual membership of 67 Pall Mall (“The Club”). In accordance with the General Data Protection Regulations, by signing this agreement I give consent for the processing of my personal data as outlined in The Club’s Privacy Policy, and for my information to be used for internal Club purposes only. Additionally, I authorise 67 Pall Mall Limited to make appropriate due diligence enquiries in relation to my application.

SIGNED

DATED

Confidentiality

Please be assured, all the information you provide is treated with the utmost confidentiality and is solely for the purpose of administering your membership at 67 Pall Mall. It will not be shared with any third parties.



I wish to apply for

MONTHLY VIRTUAL MEMBERSHIP £10

The £1,500 joining fee is waived.

Virtual Membership of 67 Pall Mall will allow you full access to our online events as well as the opportunity to purchase wines for our online masterclasses.

As a Virtual Member, you can visit one of our 67 Pall Mall Clubs once a year.

Payment details

If you hold a UK bank account, we require a direct debit mandate for payment of your monthly Virtual Membership fee. In addition, the direct debit mandate will be used to collect charges for purchased tasting packs.

We will inform you of the amount due prior to the payment being taken.

If you do not hold a UK bank account, we require a credit card for your ongoing payment method.

Kindly return your application form and payment method to our Membership Manager:

Natacha Lennon
natacha@67pallmall.com

Annual membership of 67 Pall Mall London & Singapore is also available. Should this be of further interest, please contact our membership team, membership@67pallmall.com.



PALL MALL

Credit Card Authorisation Form

NAME AS PRINTED ON CARD:

CREDIT CARD TYPE:	
FULL CARD NAME:	
CREDIT CARD EXPIRY DATE:	_____ / _____ (MM/YY)
CV2 NUMBER: <small>FOR AMERICAN EXPRESS CV2 NUMBER IS THE FIRST FOUR DIGITS ON THE FRONT</small>	

CARD HOLDER SIGNATURE:

DATE:

NAME:

CREDIT CARD STATEMENT ADDRESS:

POSTCODE:

EMAIL ADDRESS:

CONTACT NUMBER:

I hereby give authorisation for the above card to be charged by 67 Pall Mall ('The Club').