



IWFS Americas Inc.
New Branch Formation

*Return the completed form to Dr. Peter Miao at peter@drpetermiao.com &
Denise Guntert at floridakeyswfs@gmail.com*

Name: **Address:**

City: **State/Province:**

Zip/Postal Code: **Phone:**

E-mail: **Profession:**

Your experience in wine & food:

Do you or have you belonged to other wine/food organizations?:

Do you have a wine cellar?:

What wine regions, or food & wine festivals, have you visited?:

Do you have a particular area of interest or expertise?: