

Imperial Sugar Company Retiree Club
Savannah Chapter, Inc.
(Over The Sugar Hill Club)

Application for Membership

Name: _____

Mailing Address: _____

Phone Number: Home _____ Other _____

E-mail Address: _____

Birth date: _____
(Month) (Day) (Year - Optional)

Years of Service: From _____ To _____ (ex. From 1976 To 2006)

Membership Desired: Member _____ Associate Member (Widow/Widower) _____

With your paid membership, you will receive a personalized membership vest. Please indicate your requested size:

____ Small ____ Medium ____ Large ____ X-Large ____ 2XL ____ 3XL ____ 4XL

Indicate (x) if you would like to serve on any of the following committees (optional):

Picnic____ Holiday____ Induction____ Community Relations____ Nominating____

Signature _____ Date: _____

Annual Fee: \$25

(Enclose with application. Checks should be payable to Imperial Sugar Company)

Please return to: Keith Cox
Imperial Sugar Company Retiree Club
P. O. Box 4140
Port Wentworth, GA 31407

For Club Use Only:

Eligibility Verified: _____ Date Fee Received: _____