

## TOPS CLUB, INC. FORM L-003W: MEMBERSHIP APPLICATION

TOPS memb. no. \_\_\_\_\_

Check if this is a renewal application:

Check one:  Female  Male      Birthdate: \_\_\_\_\_ Mo. Day Year      Height: \_\_\_\_\_ ft. in.

Check one:  Adult  Teen  Preteen

Have you ever had surgery for weight loss:  Yes  No      Date of Surgery \_\_\_\_\_

If yes, is the surgery still effective for weight loss?  Yes  No

Date enrolled\*  
or renewed

Present  
weight

				New Members Only		
Adults, Teens, or Preteens with <i>TOPS News</i>		Spouse**, Teen, or Preteen without <i>TOPS News</i>		Buy <i>Real Life: The Hands-on Pounds-off Guide</i> + Exchange Cards & Holder		Other
U.S.	Canada	U.S.	Canada	U.S.	Canada	South Dakota residents add 6% sales tax
<input type="checkbox"/> \$32	<input type="checkbox"/> \$36	<input type="checkbox"/> \$16	<input type="checkbox"/> \$18	<input type="checkbox"/> \$17	<input type="checkbox"/> \$17	<input type="checkbox"/> \$

**PLEASE PRINT**

\*If enrolled on-line at TOPS' website, check here:

Name \_\_\_\_\_ (first) \_\_\_\_\_ (middle initial) \_\_\_\_\_ (last) \_\_\_\_\_ (spouse's name)      **Complete if a former member:**

Street address or P.O. Box \_\_\_\_\_ Apt. # \_\_\_\_\_      Last date renewed \_\_\_\_\_

City \_\_\_\_\_ State, Prov. or Country \_\_\_\_\_ ZIP or postal code \_\_\_\_\_      Previous Name \_\_\_\_\_

Chapter name: TOPS \_\_\_\_\_      State/Province \_\_\_\_\_

(state/prov.)      (number)      (city)      (county)

I hereby apply for membership in TOPS Club, Inc. I verify information provided is accurate. I understand and accept all information listed below.

Applicant's signature (or parent of minor): \_\_\_\_\_ Fee paid: \$ \_\_\_\_\_ (or voucher attached)

Email\*\*: \_\_\_\_\_ Phone: \_\_\_\_\_

\*\*Headquarters and Field Staff email periodic TOPS updates and reminders. TOPS does not share your email--or other personal information--with anyone. Entering someone else's email as yours may cause your records and theirs to be confused in the database.

**DO NOT WRITE BELOW THIS LINE**

Date received by Coordinator \_\_\_\_\_ Area Captain \_\_\_\_\_

Paid by check no. \_\_\_\_\_ Amount \$ \_\_\_\_\_ Remittance no. \_\_\_\_\_ Coordinator's number \_\_\_\_\_

Unable to enter new member into iMIS

**MEMBER: RETAIN BOTTOM PORTION FOR YOUR RECORDS.**

We are very pleased to welcome you to TOPS chapter meetings. Whether you've been an online member, are a returning member, or this is your first exposure to TOPS, we hope your weekly experiences will enhance your weight-loss efforts.

**Your chapter will provide you with a copy of *My Day One*, a handbook designed to give you a good start, and a copy of TOPS Rules upon joining.** Membership fee also includes a subscription to *TOPS News* magazine for one year. *TOPS News* is available only as a part of your membership. Your membership card will be printed on the back cover of each issue. You should receive your first issue within 6 to 10 weeks. If you have not received *TOPS News* or *My Day One* within the time indicated, let your Leader know immediately. Your TOPS Leader will be happy to answer any questions you might have.

Remember, meeting attendance is a key factor in the success of the TOPS method of weight control.

The information provided in TOPS materials, as they may exist from time to time, is designed for educational purposes only. You should not rely on this information as a substitute for person medical attention, diagnosis, or treatment. You agree to follow the program at your own risk. All persons are advised to consult with a licensed healthcare provider before starting a weight-loss or exercise regimen.

By signing this application, you grant TOPS Club, Inc. permission, at its own discretion, to use your image and any and all correspondence for any and all purposes including but not limited to publication in TOPS' magazine, TOPS' website, brochures, or other publicity.

\*\*To qualify for the spouse without *TOPS News* rate, one spouse must be enrolled at the full membership fee with *TOPS News*.

Best wishes in your efforts to lose weight. "See you lighter!"

Term of membership is one year from date of application (either the day you joined online or the day you paid your fee in person). Membership fees will NOT be refunded either in full or in part. At the discretion of the Executive Committee of TOPS Club, Inc., this membership may be refused or revoked at any time for just cause. Four consecutive unexcused absences disqualify the member from awards at any level. Lapse of membership has the same consequences.