



Annual Membership Application and Substitute Renewal Form

Please print clearly

TAKE OFF POUNDS
SENSIBLY

Chapter

(State/Province) (Chapter#) (City)

(First Name) (Middle Initial) (Last Name)
 (Birthdate - Month/Day/Year) Male lb. Female ft. in. (Starting or Renewal Weight) (Height - Teen/Preteen) (Date) (Date)

(Street Address or P.O. Box) (Apt. #)

(City) (State/Province) (Zip/Postal Code) (Country)

(Area Code + Phone Number) (Email)

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

(Applicant's Signature) (Date)

(Parent/Guardian Signature if Applicant is a Minor) (Date)

Memberships - Please Choose One:

<input type="checkbox"/> New Comer \$70 USD -First-time member (First year)	Renewing Members - Check one of these if 30+ days late.
<input type="checkbox"/> Trailblazer \$60 USD -First Renewal	<input type="checkbox"/> I'm paying late, I have been temporarily unable to renew or attend.
<input type="checkbox"/> Legacy \$48 USD -Second Renewal & Beyond	<input type="checkbox"/> I've been away for a while, I have not been attending Chapter, but have been active with TOPS in the past 10 years.
<input type="checkbox"/> Joined online	*You will receive a new join date.

Half-Priced Membership:

<input type="checkbox"/> New Comer Half Priced Member \$35 USD -First time member (First year)
<input type="checkbox"/> Trailblazer Half-Priced Member \$30 USD -First Renewal
<input type="checkbox"/> Legacy Half-Priced Member \$24 USD -Second Renewal & Beyond

(Spouse or Full Priced Member's Name) *Needed for Members Paying Half-Price

*Half-price means a person living in the same physical household or a blind/visually impaired member or a teen/preteen (ages 7-17). TOPS News is not included.

Order Total

\$ _____ Membership or Renewal Price
 Add state/local taxes for your state of residence.
 \$ _____ CT, GA, ID, KS, MO, MS, NE, NY, PA, SD, TX, UT
 WA, WV, WY - Pay tax on total order amount.
 \$ _____ IL, MD, ME, NC - Pay tax on half of total order amount.
 \$ _____ Add \$1.50 Processing Fee (added to all orders)
 \$ _____ Total

Payment By:

Chapter Check Credit Card Personal Check

Personal Credit Card Information

<input type="checkbox"/> Amex	<input type="checkbox"/> Discover
<input type="checkbox"/> MasterCard	<input type="checkbox"/> Visa

Print Name _____

Card # _____

Exp Date _____ / _____ CVV _____

Signature _____

Welcome to TOPS® Weight-loss Support!

Whether you attend virtual or in-person meetings, we hope your weekly experiences enhance your journey to a healthier lifestyle and help you achieve your healthy weight goals.

Enjoy the journey!


your friends at TOPS

Email use and privacy - If you provide a correct email address, your member number and password for www.tops.org are sent in a welcome email. If you do not receive it, please check your spam/junk folder or contact Headquarters at 800-932-8677 or support@tops.org. Allow 5-10 business days for your application to reach Headquarters before contacting us. Headquarters and Field Staff email periodic TOPS® updates. TOPS® does not share your email or personally identifying information with anyone.

Release - By signing this application, you acknowledge that TOPS Club, Inc. has no control of the conditions of a Chapter's meeting place and you waive and release TOPS Club, Inc. from all claims and liabilities arising out of your attending a Chapter meeting.