

TOPS CLUB, INC. FORM L-001: OFFICERS CHART FOR _____

Immediately after July elections, complete and send to your Coordinator. Make a copy for your records. Please note: Leaders and Web Designates won't be able to access the Leaders Corner at www.tops.org until this form is received, nor will Headquarters know where to send important chapter materials. Allow 2-3 weeks for processing.

FOR COORDINATOR USE ONLY	
#	
Coordinator	
Area Captain	
County/Municipality	

Chapter Name: _____
(State/Prov.) (Number) (City)

Maximum capacity of chapter scale: _____ Type of scale: Balance Beam Digital

CURRENT CHAPTER LOCATOR INFORMATION

Meeting place:	Room:	Handicap accessible:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Street address:	City	State/Prov.	Zip/Postal Code	
Meeting day:	Weigh-in starting time:	<input type="checkbox"/> A.M.	Meeting starting time:	<input type="checkbox"/> A.M.
		<input type="checkbox"/> P.M.		<input type="checkbox"/> P.M.
Total members:	Number of KOPS:	Average attendance:		
Number of:	Women:	Men:	Teens:	Preteens:
Is this chapter open for referral to the public? If no, state reason: Yes <input type="checkbox"/> No <input type="checkbox"/>				

CHAPTER OFFICERS

Please check box if this is an address change. Membership # _____

Leader:	Phone:	Renewal date:
Street address or P.O. box:	City	Zip/Postal Code
	State/Prov.	
Does Leader have personal email*?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Email*:

Co-Leader:	Phone:	Email*:
Secretary:	Phone:	Email*:
Treasurer:	Phone:	Email*:
Weight Recorder:	Phone:	Email*:
Assistant Weight Recorder:	Phone:	Email*:

Web Designate may be a listed officer and has same access to chapter material online as the Leader.
NOTE: Web Designate *must* provide email address as that person is agreeing to receive electronic communications for the chapter.

Web Designate:	Phone:	Email*:
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*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.

AGREEMENT: Must be signed and dated by *newly elected* Leader or Adult Advisor

I understand that in succeeding to the leadership or adult advisorship of the above named chapter of TOPS Club, Inc., I am responsible for all leadership materials which are turned over to me by my predecessor and for all materials which TOPS Club, Inc. may distribute to me in this capacity. I understand that all materials are copyrighted and provided to me strictly for use in my TOPS chapter.

In the event that our chapter is dissolved while I am yet presiding or advising, I will immediately transmit to the Coordinator all the material which TOPS Club, Inc. or my predecessor has transmitted to me as Leader or adult advisor, and all other assets, including scales and the balance of the funds belonging to the chapter.

Leader or Adult Advisor Signature	Date Signed
<small>(Note: Electronic signature and fillable form completed by the Leader are acceptable.)</small>	
Adult Advisor's Street Address or P.O. Box	City & State/Prov. ZIP/Postal Code