

**TOPS CLUB, INC. FORM L-001: OFFICERS CHART FOR 20\_\_**

**Immediately after March elections, complete and send to your Coordinator. Make a copy for your records. For instructions, see Chapter Manual, Chapter 2: Election of Officers.**

|                                 |   |
|---------------------------------|---|
| <b>FOR COORDINATOR USE ONLY</b> |   |
|                                 | # |
| Coordinator                     |   |
| Area Captain                    |   |
| County/Municipality             |   |

Chapter Name: \_\_\_\_\_  
(State/Province) (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.<br><input type="checkbox"/> P.M. | Meeting starting time:       | <input type="checkbox"/> A.M.<br><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? Yes <input type="checkbox"/> No <input type="checkbox"/> |                         |  |                              |  |
| If no, state reason:  |                         |  |                              |  |

**CHAPTER OFFICERS**

|   |  |                                  |
|---|--|----------------------------------|
| <input type="checkbox"/> Please check box if this is an address change. | Membership # _____                                       |                                  |
| Leader:   | Phone: ( )   | Renewal date:                    |
| Street address or P.O. box:   | City:  | State/Province: ZIP/Postal Code: |
| Does Leader have personal email*?                                       | Yes <input type="checkbox"/> No <input type="checkbox"/> | Email*:                          |

|   |
|---|
| <b>Designate</b> (See reverse side of this form.) |
|---|

|                                   |            |         |
|-----------------------------------|------------|---------|
| <b>Co-Leader:</b>                 | Phone: ( ) | Email*: |
| <b>Secretary:</b>                 | Phone: ( ) | Email*: |
| <b>Treasurer:</b>                 | Phone: ( ) | Email*: |
| <b>Weight Recorder:</b>           | Phone: ( ) | Email*: |
| <b>Assistant Weight Recorder:</b> | Phone: ( ) | Email*: |

\*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.

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  
(Note: Electronic signature and fillable form completed by the Leader are acceptable.)

Adult Advisor's Street Address or P.O. Box City & State/Prov. ZIP/Postal Code

**REGISTER OR CHANGE CHAPTER DESIGNATE**

A chapter Leader and one other chapter member may be granted access to the secure area of the TOPS website and the ability to print membership reports, as well as to the Leaders Corner, which contains many chapter forms, ideas, activities, and certificate templates. Refer to chapter 4 in the *Chapter Manual*.

1. At the time a chapter Leader is recorded at TOPS, she/he is automatically granted rights to the secure area.
2. If a chapter Leader does not have an email address or wants an additional person to have access, the Leader may designate one other chapter member. This member must have strong computer skills. It is recommended that the Designate be a member of the chapter Executive Committee to ensure confidentiality of member information.

**Leader:** Complete the request below and send it to your Coordinator to forward to Headquarters. The Designate will receive an email from Headquarters at the time she/he may access the Leaders Corner.

Each March 1st, all Designates are deleted from the TOPS system and the Leader must reapply. Complete this form and mail it to your Coordinator.

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Designate's Name Membership #

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Email\* Office

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Leader's Approval

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Date

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**Coordinator:** *Forward to TOPS Headquarters.*