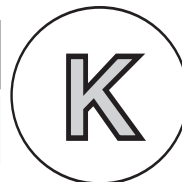


KOPS WEIGHT CHART (Form L-027K)
 (If transferring, KOPS takes original chart to new chapter.)

FOR COORDINATOR'S USE



Record all entries with a fine point black or red felt pen.

Highest weight recorded at TOPS Club, Inc. _____ State/Prov. _____ Year _____
 TOPS MEMBERSHIP # _____

Original starting date _____ Goal weight _____ Leeway weights: from _____ to _____
 (7 lbs. under) (3 lbs. over)
 Did membership lapse during the current year? Yes No
 Sex: Female Male Have you ever had surgery for weight loss: Yes No

December of preceding year if member was KOPS	Original KOPS date	Goal Changes Current Year Only	
	Last date KOPS status lost _____		Date Presented
	Last reinstated date _____		Goal Change
	If pregnant this year: maximum weight _____		Leeway 7 lbs. under 3 lbs. over
	Birth date of baby _____		
	Member is in: Division 6 <input type="checkbox"/> Division 8 <input type="checkbox"/>		
	If so, birth date _____		
	Height _____ Pounds allowed per inch of growth _____		

Mark in red ONLY those weights which are over or under leeway.

JANUARY		APRIL		JULY		OCTOBER	
Date	Weight	Date	Weight	Date	Weight	Date	Weight
FEBRUARY		MAY		AUGUST		NOVEMBER	
MARCH		JUNE		SEPTEMBER		DECEMBER	

PLEASE PRINT

Name of member _____ Mailing address _____
 City _____ State or Prov. _____ ZIP or Postal code _____
 Chapter ID: _____ (State/Prov.) _____ (Number) Email _____ Phone () _____
 Coordinator _____ FSID _____
TRANSFERRED TO:
 Chapter ID: _____ (State/Prov.) _____ (Number) Email _____ Phone () _____
 Date of transfer _____ Coordinator _____ FSID _____

So that others may be inspired to Take Off Pounds Sensibly, I grant TOPS Club, Inc. permission, at its own discretion, to use my pictures, before and after weight, and success story, for any and all purposes including but not limited to publication in TOPS' magazine, TOPS' website, brochures, or other publicity efforts.

Signature of member _____