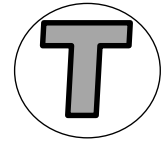


TOPS WEIGHT CHART (Form L-027T)

Year: _____



TOPS Memb. # _____

Weight division no. _____ Female Male State/Prov. _____ Weight loss/gain (C) _____

Birthdate _____ Original starting date _____

Goal weight _____ Highest weight recorded at TOPS Club, Inc. _____

Surgery for weight loss: yes no Date _____ Did membership lapse during the current year? yes no

Surgery no longer effective for weight loss: _____ A. First weight of current year _____

Statement filed? yes no Date _____ B. Last weight of current year _____

C. Total pounds lost/gained, current year _____

***** MARK ALL GAINS IN RED *****

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 _____ Street address or P.O. box _____

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 weights, and success story, for any and all purposes including but not limited to publication in TOPS' magazine, TOPS' website, brochures, or other publicity efforts.

*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.

Signature of member _____