

**TOPS CLUB, INC. FORM L-020:
MAINTENANCE FORM**

OFFICE USE

Date received by HQ. _____

USA CANADA OTHER

Instructions: Use this form for maintenance payments. Fill in check number, sign and date form. Keep a copy for your chapter records. Send two copies with chapter check payable to Coordinator for total amount indicated.

Please credit our chapter with maintenance payments for months indicated and for the following number of members:

(Please enter number of members in proper square.)

<input type="text"/> 1-10 members	<input type="text"/> 21-30 members	<input type="text"/> 41-60 members	<input type="text"/> 81-100 members
<input type="text"/> 11-20 members	<input type="text"/> 31-40 members	<input type="text"/> 61-80 members	<input type="text"/> 100 members and over

Is this an additional payment due to an increase in chapter membership? YES NO

YEAR:

January	\$	\$
February	\$	\$
March	\$	\$
April	\$	\$
May	\$	\$
June	\$	\$
July	\$	\$
August	\$	\$
September	\$	\$
October	\$	\$
November	\$	\$
December	\$	\$

Chapter: TOPS # _____
(state) (number) (city)

Leader's name _____

Amount enclosed for maintenance \$ _____ Check # _____

Leader's signature _____ Date _____

Carol Harper #678
 24 Langstone Cr.
 Georgetown, ON L7G 4N3

(Coordinator's Name, Number and Address)

COORDINATOR RECORDS ONLY

Date rec'd by Coordinator _____

Amount \$ _____ CK. # _____

Date sent to Regional Director _____

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