

**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 \_\_\_\_\_ Mailing address \_\_\_\_\_

City \_\_\_\_\_ State or Prov. \_\_\_\_\_ ZIP or Postal code \_\_\_\_\_

Chapter ID: \_\_\_\_\_ Email \_\_\_\_\_ Phone ( ) \_\_\_\_\_  
(State/Province) (Number)

Coordinator \_\_\_\_\_ FSID # \_\_\_\_\_

**TRANSFERRED TO:**  
 Chapter ID: \_\_\_\_\_ Email \_\_\_\_\_ Phone ( ) \_\_\_\_\_  
(State/Province) (Number)

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' web site, brochures, or other publicity efforts.

**Signature of member** \_\_\_\_\_