

TRANSFER WEIGHT CHART (Form L-027TR)

Year: _____



Weight Recorder completes to date of transfer. TOPS member takes transfer to new Chapter. TOPS chart is kept by first Chapter.

TOPS Memb. # _____

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

Birthdate _____ (Division 6 and 8 only)

Surgery for weight loss yes no Date _____

Original starting date _____

Surgery no longer effective for weight loss.

Highest weight recorded at TOPS Club, Inc. _____

Statement filed? yes no Date _____

Did membership lapse during the current year? yes no

To be filled out by new Chapter:
 First weight in current Chapter _____
 Last weight in current Chapter _____
 Total pounds lost/gained, current Chapter .. _____

A. First weight of current year _____

B. Last weight of current year _____

C. Total pounds lost/gained, current year _____

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 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 _____