



Annual Membership Application and Substitute Renewal Form

Please print clearly

Chapter

(State/Province)

(Chapter#)

(City)

(First Name)

(Middle Initial)

(Last Name)

(Birthdate - Month/Day/Year)

☐ Male

☐ Female

(Starting or Renewal Weight)

(Height - Teen/Preteen)

(Date)

(Street Address or P.O. Box)

(Apt. #)

(City)

(State/Province)

(Zip/Postal Code)

(Country)

(Area Code + Phone Number)

(Email)

I hereby apply for membership in TOPS Club, Inc. I verify information provided is accurate. I understand and accept all terms listed on this application.

(Applicant's Signature)

(Date)

(Parent/Guardian Signature if Applicant is a Minor)

(Date)

Memberships - Please Choose One:

- ☐ New Comer \$70 USD
-First-time member (First year)
- ☐ Trailblazer \$60 USD
-First Renewal
- ☐ Legacy \$48 USD
-Second Renewal & Beyond
- ☐ Joined online

Renewing Members - Check one of these if 30+ days late.

☐ I'm paying late, I have been temporarily unable to renew or attend.

☐ I've been away for a while, I have not been attending Chapter, but have been active with TOPS in the past 10 years.
*You will receive a new join date.

Half-Priced Membership:

- ☐ New Comer Half Priced Member \$35 USD
-First time member (First year)
- ☐ Trailblazer Half-Priced Member \$30 USD
-First Renewal
- ☐ Legacy Half-Priced Member \$24 USD
-Second Renewal & Beyond

(Spouse or Full Priced Member's Name) *Needed for Members Paying Half-Price

*Half-price means a person living in the same physical household or a blind/visually impaired member or a teen/preteen (ages 7-17). TOPS News is not included.

Chapter Directions

- Review form with new member.
- Make two copies of form. Keep one for Chapter and give one to member.
- Send original with check or credit card details to:
TOPS Club, Inc. • ATTN: Membership • PO Box 070360 • Milwaukee, WI 53207
- Credit card orders may be emailed to accounting@tops.org.

ABOUT YOUR MEMBERSHIP

Membership fee and membership benefits - Term of membership is one year from date of application (defined as the date you joined TOPS®). Annual TOPS® membership fee offsets the cost to provide member benefits as described here and to develop educational and other mission-related materials. Access to electronic devices and internet required to use online tools. Membership fees will NOT be refunded either in full or in part. At the discretion of the Executive Committee of TOPS Club, Inc., this membership may be refused or revoked at any time for just cause. TOPS Club, Inc. reserves the right to change member benefits at any time. Pricing, availability and designs of items are subject to change. Items of similar value may be substituted.

TOPS® does not give medical advice - Information provided in TOPS® materials, as they may exist from time to time, is for educational purposes only. You should not rely on this information as a substitute for personal medical attention, diagnosis or treatment. You agree to follow the program at your own risk. Members are advised to consult a licensed healthcare professional before making lifestyle changes.

Email use and privacy - If you provide a correct email address, your member number and password for www.tops.org are sent in a welcome email. If you do not receive it, please check your spam/junk folder or contact Headquarters at 800-932-8677 or support@tops.org. Allow 5-10 business days for your application to reach Headquarters before contacting us. Headquarters and Field Staff email periodic TOPS® updates. TOPS® does not share your email or personally identifying information-with anyone.

Release - By signing this application, you acknowledge that TOPS Club, Inc. has no control of the conditions of a Chapter's meeting place and you waive and release TOPS Club, Inc. from all claims and liabilities arising out of your attending a Chapter meeting.

Order Total

\$ _____ Membership or Renewal Price
Add state/local taxes for your state of residence.

\$ _____ CT, GA, ID, KS, MO, MS, NE, NY, PA, SD, TX, UT
WA, WV, WY - Pay tax on total order amount.

\$ _____ IL, MD, ME, NC - Pay tax on half of total order amount.

\$ _____ Add \$1.50 Processing Fee (added to all orders)

\$ _____ Total

Payment By:

☐ Chapter Check ☐ Credit Card ☐ Personal Check

Personal Credit Card Information

☐ Amex ☐ Discover
☐ MasterCard ☐ Visa

Print Name _____

Card # _____

Exp Date _____ / _____ CVV _____

Signature _____

Welcome to TOPS® Weight-loss Support!

Whether you attend virtual or in-person meetings, we hope your weekly experiences enhance your journey to a healthier lifestyle and help you achieve your healthy weight goals.

Enjoy the journey!


your friends at TOPS