



## Wise Choices TOPS Membership Agreement

Yes, I am interested in joining the Take Off Pounds Sensibly (TOPS) Club.

- I will attend one free meeting to see if TOPS is right for me.
- If I like the meeting and want to join TOPS, I will let the Wise Choices program know the date and location of the TOPS meeting I attended.
- I agree to attend at least 12 meetings during the first 6 months.
- I understand a voucher will be mailed to me to cover the cost of a one-year membership. The membership voucher will have my name on it, and I am the only person who can use it.
- I understand the local chapter dues (about \$5/month) are my responsibility to pay. (If I attend at least 6 meetings in the first 3 months, I will receive a \$15 gift card. If I attend at least 6 meetings in the next 3 months, I will receive another \$15 gift card.)
- **I give permission for the local TOPS Club to share information about my attendance at meetings and changes in my weight with the Wise Choices program.**
- This authorization will expire one year from the date I sign it.

\_\_\_\_\_  
Participant Name (Printed)

\_\_\_\_\_  
Witness Name (Printed)

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date

Physical Address: \_\_\_\_\_ City, Zip: \_\_\_\_\_

Contact Phone: \_\_\_\_\_

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### Office Use Only

Participant MBCIS ID: \_\_\_\_\_

Date and Location of free TOPS meeting attended: \_\_\_\_\_

\_\_\_\_\_  
Health Coach Signature

**Fax this completed form to the  
Wise Choices Program  
517-335-8752**