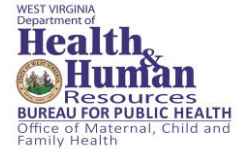




WEST VIRGINIA WISEWOMAN
Take Off Pounds Sensibly (TOPS)
Membership Agreement



I am interested in joining the Take Off Pounds Sensibly (TOPS) program.

I agree to attend one free meeting to see if TOPS is right for me.

- If I like the meeting and want to join TOPS, I will notify the clinic of the date and location of the meeting I attended.
- I agree to attend at least 12 meetings during the first 6 months I belong.
- The WISEWOMAN Program will pay for a one-year membership to TOPS and a packet of supporting materials to help me make the lifestyle changes to live healthier.
- I understand if there are local chapter dues it is my responsibility to pay them.
- If I attend at least 6 meetings in the first 3 months, I will receive a gift. If I attend at least 6 meetings in the second 3 months, I will receive a second gift.
- I give TOPS permission to share information about my attendance at meetings and changes in my weight with the WISEWOMAN Program.
- This agreement will expire one year from the date I sign it.
- I have received a copy of this agreement.

Participant Name (Printed) _____ Staff Name (Printed) _____

Participant Signature _____ Staff Signature _____

Social Security Number _____ Date _____

Mailing Address _____ City _____ State _____ Zip Code _____

TOPS Program Location: _____

Date of First Session: _____

Referring Provider Clinic: _____

Fax this completed form to:
West Virginia WISEWOMAN Program
FAX: 304-558-7164