



BOOK CLUB FORM

CLUB NAME:

CLUB LEAD & MAIN CONTACT:

CLUB LEAD PHONE NUMBER:

CLUB LEAD EMAIL ADDRESS:

CITY

PROVINCE/STATE

POSTAL/ZIP CODE

HOW OFTEN DOES YOUR BOOK CLUB MEET?

HOW MANY BOOK CLUB MEMBERS IN THE GROUP?

WHERE IS YOUR CHOSEN PLACE TO MEET? (e.g. private home, library, church, synagogue, etc.)

HOW DID YOU HEAR ABOUT WOMEN'S BRAIN HEALTH INITIATIVE'S BOOK CLUB?

SHIPPING INFORMATION

RECEIVER'S NAME:

RECEIVER'S PHONE NUMBER:

SHIPPING ADDRESS:

CITY

PROVINCE/STATE

POSTAL/ZIP CODE

ANY OTHER INFORMATION THAT YOU'D LIKE TO SHARE WITH US?