



BOOK CLUB & SOCIAL GROUP FORM

GROUP NAME:

GROUP LEAD & MAIN CONTACT:

GROUP LEAD PHONE NUMBER:

GROUP LEAD EMAIL ADDRESS:

CITY

PROVINCE/STATE

POSTAL/ZIP CODE

HOW OFTEN DOES YOUR GROUP MEET?

HOW MANY 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 & SOCIAL GROUP?

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?