

Shout Your Abortion Book Club Conduct Agreement

First & Last Name: _____

Below are the requirements for book club participation. Please initial next to each item to indicate that you are able to adhere to these requirements.

_____ I understand I will have to read the Shout Your Abortion book to completion by [insert date of your book club]

_____ I understand the book club is a space to learn about and understand abortion stigma

_____ I have an authentic interest in learning about abortion access, experiences, and stigma

_____ I understand that individuals may decide to share their own abortion stories, though personal story shiaring is not required for book club participation.

_____ I understand the book club is not a space for debate.

_____ I will engage in respectful dialogue with other book club participants.

_____ I will not shame the experiences of others.

_____ I understand I may not bring guests with me to the book club event.

_____ I understand if I am disruptive to the book club or other participants I will be asked to leave.

Signature: _____ Date: _____

Payment Amount: _____

Received by: _____

via Cash / Venmo