



Application for Membership

Second Chance Wildlife Sanctuary

A cheque in the amount of \$75. must accompany this application which must be submitted by January 31 of each year.

Applicant Name _____

Address _____

City _____ Postal Code _____

Phone _____ E-mail Address _____

Why do you want to become a member of Second Chance Wildlife Sanctuary? _____

I agree to comply with all rules and by-laws of Second Chance Wildlife Sanctuary. I understand that it is the member's responsibility to assist this organization by undertaking duties to benefit the organization.

Applicant's Signature _____ Date _____

Please note "membership dues" in memo section of cheque

Send completed application with cheque to:

Second Chance Wildlife Sanctuary
2060 Concession Road 7
Pickering, Ontario L1Y 1A2

For office use:

SCWS No.

Date of Issue

Expiration Date

Board Member

Board Member