



# The Second Chance Foundation

617-4062 Lawrence Ave., East, Toronto, Ontario, Canada M1E 4V5  
Telephone: +1 416 792 6702 Ext. 11 E-mail: [info@thesecondchancefoundation.ca](mailto:info@thesecondchancefoundation.ca)

Please check off the appropriate membership category

<u>Membership Type</u>	<u>Annual Fee</u>
<input type="checkbox"/> Seniors 55+	\$40
<input type="checkbox"/> Volunteers	\$15
<input type="checkbox"/> Individual Adult under 55	\$60
<input type="checkbox"/> Organization/Group	\$100
<input type="checkbox"/> Business	\$200

Member Status: ☐ New  
☐ Renewal

Please fill in ALL the following information

Name (Individual/Group/Organization):			
Address:			
City:		Postal Code:	
Telephone:		Fax:	
E-mail:		Website:	

Comments:

Please tell us a little bit about yourself (in one or two lines only).

We support the TSCF Mission Statement to assist and support marginalized, racialized, incarcerated and former incarcerated women and their families, as well as extend assistance and support to newly immigrated women and families. Transition from the justice system, the shelter system, homelessness, unsafe home or living situations is enabled by training, programs, workshops, and tax preparation. Further care packages, clothing, support group and peer mentorship, as well as weekly food bank are available. We work hard to empower women and families with their integration process to improve their quality of life, help realize their fullest potential and become contributing members of Canadian society with the help of our community partners.

For groups, organizations or businesses only

Executive Director:			
Contact Person:		Position:	
Address and City (if different than above)		Postal Code:	
Telephone:		E-mail:	
Authorized Representative Signature:		Date:	
Please print name:			

## DECLARATION

I \_\_\_\_\_ hereby declare the following:

1. That I am 18 years of age or more.
2. I reside in Scarborough, Toronto or Greater Toronto Area (GTA).
3. I am enclosing the annual membership fee as determined by the Board of Directors.
4. I undertake to act in the best interest of TSCF.
5. I undertake to abide by the policies of TSCF and any decision of the Board of Directors.
6. As a well-meaning member of The Second Chance Foundation, I intend to adhere to best legal standards and practices as set forth within the country of Canada, assured by the international law and the United Nations.
7. I agree to endorse and actively demonstrate TSCF mission, vision and principles as outlined in the TSCF policies.

I consent to the collection, storage and use of my information by The Second Chance Foundation as described in The Second Chance Foundation's Privacy Policy (<http://www.thesecondchancefoundation.ca/privacy-policy>). I understand that I may receive e-mails and can opt out at any time.

I do consent ☐

If I am found to be in violation of any of the above declarations, I understand that my membership may be terminated without any notice.

_____ Signed	_____ City and Province	_____ Date
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If you have questions, please contact us by telephone at 416-762-6702 Ext. 11 or via e-mail at [info@thesecondchancefoundation.ca](mailto:info@thesecondchancefoundation.ca)

Completed application should be forwarded to our mailing address at 617-4062 Lawrence Ave., East, Toronto, Ontario, Canada M1E 4V5 or via e-mail to [info@thesecondchancefoundation.ca](mailto:info@thesecondchancefoundation.ca)

We thank you for your support and we look forward to seeing you as The Second Chance Foundation's Member.

### The Second Chance Foundation (TSCF)

Membership is active for one year from the date of each annual meeting to the end of the following annual meeting.

For TSCF use only			
<input type="checkbox"/> Completed Application	<input type="checkbox"/> Paid Fee	<input type="checkbox"/> Credit Card/Cheque	<input type="checkbox"/> Cash/E-Transfer