



# STATEMENT OF MUTUAL INTENT

## *APPALACHIAN REGIONAL REFORESTATION INITIATIVE*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

Mr.  Ms.  Mrs.  Dr.  Jr.  Sr.

\_\_\_\_\_  
*Print Name (First, Last)*

\_\_\_\_\_  
*Title*

\_\_\_\_\_  
*Company/Organization*

\_\_\_\_\_  
*Address, Line 1*

\_\_\_\_\_  
*Address, Line 2*

\_\_\_\_\_  
*City, State, Zip*

\_\_\_\_\_  
*Phone*

\_\_\_\_\_  
*Email (Join the ARRI Mailing List)*