

RURAL RETREAT DEPOT FOUNDATION
P.O. BOX 843
RURAL RETREAT, VIRGINIA 24368
(276) 206-2048

MEMBERSHIP APPLICATION

Name: _____

Address: _____

City, State, Zip: _____

Telephone No.: _____

Cell Phone No.: _____

Email Address: _____

(Meeting information and monthly newsletters are sent via email)

Date of Application: _____

Signature: _____

Return this completed form to us by mail, or drop it off at the Depot. You may also scan it, or photograph it, and email it to info@theruralretreatdepot.com

For Use by the Rural Retreat Depot Foundation Board

Date Application Received: _____

Date Application Approved: _____

Date Application Disapproved: _____

Authorizing Signature: _____