



Contribution for **ASSOCIATE PARTNERSHIP:**

\$35

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_

Phone \_\_\_\_\_

Mail completed form to:

Foothills Craft Guild, Patrons

P.O. Box 52871

Knoxville, TN 37950