



Please print this .pdf file and fill in the information requested.

**A signed liability waiver is required to attend a MABA demonstration. Bring the completed waiver with you. Thank You.**

**Please complete both sides of the form for membership. \*\*\*Canadian applicants must have their bank certify & stamp the payment as US Funds \*\*\***

For membership make checks payable to MABA and mail form and check to:

**Stu Smith, MABA Treasurer  
4510 Baker Rd, Bridgeport, MI 48722-9597**

Annually, we do provide a printed copy of the membership roster to our current members. We do not release our membership information to the public in printed or electronic form.



**MICHIGAN ARTIST BLACKSMITH ASSOCIATION  
LIABILITY RELEASE FORM**

I, the undersigned, realizing the potential hazards involved in the craft of blacksmithing will not hold the MICHIGAN ARTIST BLACKSMITH ASSOCIATION, its officers, demonstrator(s), or host(s) responsible in the event of any accident or injury incurred during an association function or at any time a sponsored activity concerning blacksmithing or metal working is occurring.

I am aware of the requirement to wear safety glasses during association demonstrations and will do so. I am also aware of the possibility of hearing damage due to the nature of the craft and accept the responsibility of taking the necessary steps to protect my hearing.

It will be my responsibility to inform any family member or guest that I may bring to a demonstration of potential dangers and advise them of all necessary precautions.

**➡ Your Signature is REQUIRED:**

\_\_\_\_\_

\_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**\*MABA requires a signed liability waiver to be included with your dues.**

**MEMBERSHIP APPLICATION**

**New/Lapsed                      Renewal (Due December)**

<b>Regular</b>	<b>\$25</b>	<b>\$20 x 1 2 or 3 years = _____</b>
<b>Family</b>	<b>\$30</b>	<b>\$25 x 1 2 or 3 years = _____</b>
<b>Senior(65+)</b>	<b>\$20</b>	<b>\$15 x 1 2 or 3 years = _____</b>
<b>Contributing</b>	<b>\$100</b>	<b>..... = _____</b>

**\*\*\*Please print:\*\*\***

Name: \_\_\_\_\_

Spouse: \_\_\_\_\_ Family members: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_+4 \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

E-mail: \_\_\_\_\_

Forging skill:    Beginner    Intermediate    Advanced

Smithing areas of interest \_\_\_\_\_

**Make checks/MO's payable to "MABA"**

*Canadian applicants must have their bank certify & stamp the payment as US Funds*

**Mail to:**

**Stu Smith, MABA Treasurer**

**4510 Baker Rd, Bridgeport, MI 48722-9597**

**R/ 2018**