



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

A signed liability waiver on the left side of the form below 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:**

Guardian signature required if applicant is under 18 years old.

Date: ____/____/____

MABA requires a signed and dated liability waiver to be included with your dues.

MEMBERSHIP APPLICATION

Please print:

Name: _____

Spouse: _____ Family members: _____

Address: _____

City: _____ State: _____

Zip code: _____ +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**

Treasurer's Notes

\$\$\$ Received: _____

Check #: _____

Date: ____/____/____

Good Through _____

	New/Lapsed	Renewal (Due December)
Regular	\$25 <input type="checkbox"/>	\$20-1yr <input type="checkbox"/> \$40-2yrs <input type="checkbox"/> \$60-3yrs <input type="checkbox"/> Total \$ _____
Family	\$30 <input type="checkbox"/>	\$25-1yr <input type="checkbox"/> \$50-2yrs <input type="checkbox"/> \$75-3yrs <input type="checkbox"/> Total \$ _____
Senior(65+)	\$20 <input type="checkbox"/>	\$15-1yr <input type="checkbox"/> \$30-2yrs <input type="checkbox"/> \$45-3yrs <input type="checkbox"/> Total \$ _____
Contributing	\$100 <input type="checkbox"/> = \$ _____