



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

If you are not a member, a signed liability release is required to attend a MABA demonstration. Bring the completed release (RIGHT side) with you. Thank You.

Please complete both forms 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.

*****Please print***** **MEMBERSHIP APPLICATION FORM**

Name: _____

Spouse: _____ Family members: _____

Address: _____

City: _____ State: _____

Zip code: _____ +4 _____ Phone: (_____) _____ Cell/Home _____

E-mail: _____ Publish/Do not publish in roster _____

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 or Renewal (Due in December) ***Please circle.***

Membership	\$25-1yr	\$50-2yrs	\$75-3yrs
Contribution	\$_____ Thank You!		

R/2023-1



**MICHIGAN ARTIST
BLACKSMITH ASSOCIATION
LIABILITY RELEASE FORM**

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

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 below:

Guardian signature required if applicant is under 18 yrs old.

Date: ____/____/____