Indiana Blacksmithing Association, Inc.

An Affiliate of the Artist-Blacksmiths' Association of North America, Inc.

Application for Membership

Membership in the Indiana Blacksmithing Association is open to all persons. We welcome you.
Membership dues are paid at the time of application and are renewed on June 1st of the following year.
Make Checks payable to: Indiana Blacksmithing Association, Inc.

____ **New** ____ **$35.00 All Family Membership (All family members living in your household) Please include name(s).**

____ **Renewal** ____ **AREA CODE CHANGE** ____ **Address Change.**

NAME: _____

ADDRESS: _____

CITY, STATE, & ZIP+4: _____

PHONE (HOME): _____ **PHONE (WORK):** _____

E-MAIL ADDRESS: _____

Newsletter via E-mail:

____ **Check Here if you would like your newsletter sent to you via E-mail. You will be sent an email with a link to the web site where you can download a PDF file containing the newsletter. PDF files can be read with the Adobe Acrobat Reader which is free download off the internet. Contact me if you need assistance. Please be sure your E-mail address above is legible.**

Public Membership List:

____ **Check here to NOT have your Name, Address, Home Phone Number, and E-mail Address in our Public Membership List which is only available to our members. Your information will be included unless checked.)**

____ **Check here if you would consider hosting a meeting.**
____ **Check here if your meeting place is heated.**
____ **Check here if you are available to do demonstrations at IBA Meetings.**
____ **Check here if you are available to do demonstrations for the Public.**

Please read and complete the following release form. Form must be signed and dated by each member.

In consideration of the Indiana Blacksmithing Association, Inc.'s making these demonstrations available and granting permission to enter the area of said demonstration, I hereby waive all claims for damage and/or loss to my person or property which may be caused by an act, or failure to act of the Indiana Blacksmithing Association, Inc., it's officers, directors, agents, or employees and the hosts and demonstrators. I understand that there are inherent dangers in blacksmithing and I assume the risk of all dangerous conditions in and about such demonstration and waive any and all specific notice of the existence of such conditions. By signing this waiver, I acknowledge that I have read and understand this waiver.

_____ _____ _____
Signature Date Witness (if not mailed)

_____ _____ _____
Signature Date Witness (if not mailed)

SEND COMPLETED FORM TO: **Rob Hough**
9790 N Sharp Bend Rd
Albany, IN 47320
Phone 317-517-0427

FOR OFFICE USE ONLY

RECEIVED CHECK# AMOUNT DATABASE CARD SENT