Membership Application

ARE YOU AN ABANA (Artist Blacksmith Association of North America) **MEMBER? _____**

NAME:_____ DATE:_____

ADDRESS:_____ Membership Dues: $25.00
Per year due in January*

_____

_____

PRIMARY PHONE #_____

EMAIL_____ (Print Clearly)

Disclaimer: By signing below, I acknowledge that the activities involved in blacksmithing are potentially dangerous, and I voluntarily accept any risks involved. I absolve the Blacksmiths Organization of Arkansas, its officers, members, guests, demonstrators, and hosts of liability for any accident that may occur at any of its meetings/demonstrations. **I take full responsibility for my own safety and the safety of any guest that I bring to any meeting/demonstration.**

I, the undersigned, do hereby grant permission to Blacksmith Organization of Arkansas to use my image which could include the display, distribution, publication, transmission or other wise use of photographs, images, and/or video, but may not be limited to printed materials such as brochures, newsletters, and digital images such as those used on the BOA website or BOA Facebook page, and blog.

Signature: _____

Make check out to: **Blacksmith Organization of Arkansas (BOA)**

Mail completed application to:

Joe Commerford, Secretary/Treasurer
1106 Madison 2305
Huntsville, AR 72740

BOA's membership is a family membership. For the payment of one membership, all the members of a family would be afforded all the benefits and privileges of full membership. Newsletters will be delivered in electronic format via email.

*Membership dues must accompany this form. If the dues **are** paid in **the last three months (October, November, or December)** of the year, membership is **paid up** for the following year. If dues **are not** paid within **the first three months (January, February, or March)** of the year, the member is **removed** from the membership. Dues are due on January 1st each year.