

**Northwest Ohio Blacksmiths Membership Application Form**

**Memberships expire on May 01**

**Please Print**

**Name:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_

**State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_ **E-Mail:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ **Cell:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Spouse and/or Family Members - Under 18**

**Spouse:** \_\_\_\_\_ **E-Mail** \_\_\_\_\_

**Child #1** \_\_\_\_\_ **Child #2** \_\_\_\_\_

**Child #3** \_\_\_\_\_ **Child #4** \_\_\_\_\_

Please Note: Member and Spouse have voting privileges in the family membership but members under 18 do not.

**NOB Annual Dues**

Single NOB Membership \$30.00 \$ \_\_\_\_\_ . \_\_\_\_\_

Family NOB Membership \$35.00 \$ \_\_\_\_\_ . \_\_\_\_\_

Student-Sponsored Membership \$10.00 \$ \_\_\_\_\_ . \_\_\_\_\_

**Family membership for immediate family only.**

**Student Sponsored by:** \_\_\_\_\_ **(responsible adult over 21)**

**Total Amount** . . . . . \$ \_\_\_\_\_ . \_\_\_\_\_

**Make checks Payable to: Northwest Ohio Blacksmiths & submit to Kathy Davidson 6647 Hill Ave. Toledo, OH. 43615**

**The Blacksmith's Waiver of Liability**

I, the undersigned, realizing the potential hazards involved in the craft of blacksmithing will not hold the Northwest Ohio Blacksmiths – (NOB), 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 work is occurring.

I am aware of the requirements 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.

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Safety glasses are REQUIRED & HEARING Protection is recommended for ALL demonstrations, open forges, meetings and hands-on classes and signed liability waiver required for membership.**

**Office Use Only:**

Check # \_\_\_\_\_ Amount \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Received by: \_\_\_\_\_