

SMM WORKSHOP REGISTRATION FORM

Print this form out on your printer and mail to:
SMM Workshops, P.O. Box 31314, St. Louis, MO 63131

Annual dues are to be paid Jan. 1st of each year, If paid after September 1st, dues are 1/2 price for the rest of that year.

\$30 Regular

\$40 Dual membership (two family members at same address)

\$20 Student Membership (full time, with a valid I.D.).

Premium Levels: Silver Level \$75; Gold Level \$100; Platinum level \$150+

All registration must be handled by mail. All applications postmarked BEFORE the published registration date (listed with each workshop) will be returned. Class openings will be assigned by earliest postmark AFTER the published registration start date.

After you have registered, you will be notified and given a tool and supply list required for the class. Class size is limited! Do not Delay!

Workshop title:_____ date:_____

Workshop title:_____ date:_____

Workshop fee:_____

Member Dues: If not a member:_____

Total enclosed:_____ *

*All registration applications should be sent by First Class mail and may not be postmarked before the application start date published in the Workshop description. Applications postmarked BEFORE this date will be returned, Class opening will be assigned by earliest postmark AFTER published registration date. Mail to: SMM Workshops, P.O. Box 31314, St. Louis MO 63131.

A Liability release (below) must be signed by ALL participants and observers in the workshop. Liability Release: As part of the consideration, in addition to the registration fee, paid to the Society for Midwest Metalsmiths for giving the course for which I have registered, I hereby release the Society for Midwest Metalsmiths' board of directors, it's members, the workshop teacher as well as any person or entity, on whose property this course may be given from any and all liability for personal injury or property damage that I may suffer or sustain due to negligence, or otherwise, in connection with any such course, whether by ingress or egress, attendance, or otherwise.

Print Name:_____

Signature:_____ (required)

Address:_____

City:_____ Zip:_____

Homephone:_____ WorkPhone:_____

E-mail:_____

I prefer to receive my newsletter by email I prefer to receive my newsletter by US Mail