

# Bisbee Fiber Arts Guild

**Membership Form & Liability Release**  
**P.O. Box 418, 26 Howell Avenue, Bisbee, Arizona 85603**  
**BisbeeFiberArts.com**

## **ANNUAL DUES FOR 2025-2026 (OCT – SEPT)**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Supporting Membership:** May purchase supplies from the Fiber Room, receive online minutes, and vote at general meetings. \$35.00 \_\_\_\_\_

**All levels of Active and family Members:** Use the Studio, sell items in our shop, check out equipment & books, purchase supplies from Fiber Room, may hold elective or appointive office, vote at general meetings.

**Active Membership**      **\$55.00**      \_\_\_\_\_

**Active Family Membership**      **\$75.00**      \_\_\_\_\_

**Active Contributor**      **\$100**      \_\_\_\_\_

**Active Patron**      **\$200**      \_\_\_\_\_

**Active Benefactor**      **\$300**      \_\_\_\_\_

**All “memberships” imply that members are part of the group’s endeavors, planning and activities.**

#### **Release and Waiver of Liability**

**In consideration of participation in the Bisbee Fiber Arts Guild “BFAG” membership/activities I hereby freely and voluntarily execute this Release. I, to the fullest extent allowed under Arizona Law, release and forever discharge and hold harmless, BFAG and its successors and assigns from any and all liability, claims, and demands of whatever kind of nature which arose or may hereafter arise from my activities with BFAG. I understand that this Release discharges BFAG from any liability or claim that I may have against BFAG with respect to any bodily injury, personal injury, illness, death, or property damage that may result from my participation in BFAG activities, whether caused by the negligence of BFAG or its officers, directors, or members. I also understand that BFAG does not assume any responsibility for or obligation to provide financial assistance or other assistance, including but not limited to medical, health, or disability insurance in the event of injury or illness. I understand that it is my own responsibility to obtain my own health or medical insurance coverage.**

**I also hereby grant BFAG all rights, title, and interest in any photographic or video images of me to use in any publications for BFAG. In signing this agreement I acknowledge that I have read the foregoing Release, understand it, and sign it voluntarily, and that I am 18 years of age or older.**

**\*I give permission for BFAG to share my address, phone and email address with other**

**BFAG members only.**

**I will not divulge either the Y door code or studio door code to anyone who is not a current member of the Guild.**

**\*Please sign your full name here**

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