



**American Benedictine Academy
Individual Membership/Renewal Form**

Date_____

Name_____

Address_____

City_____ State_____ Zip/Code_____ Country_____

(If not USA)

Office Phone_____ Cell_____

Email_____

Religious Community_____

(or) Oblate Affiliation_____

(or) Academic/Other_____

Do you have any areas of interest/expertise you wish to share with the Academy?

Please check if you wish to participate in one or more of the ABA sections:

Monastic Research_____ Visual Arts_____ Archives_____ Library_____

Enclosed: \$35 for one year membership_____ \$50 for two year membership_____

Please Remit to:

American Benedictine Academy
C/O Robin Lynn Evans, OSB
802 E. 10th St.
Ferdinand, IN 47532

ABA Use Only

Date Received	Amount	Check #/Cash	Year Term