



The American Benedictine Academy
www.americanbenedictine.org

Membership Application

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____ EMAIL _____

RELIGIOUS COMMUNITY _____

(or) OBLATE AFFILIATION _____

(or) ACADEMIC/OTHER AFFILIATION _____

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 years _____

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