



**American Benedictine Academy
Student Membership Application**

Date _____

Name _____

Address _____

City _____ State _____ Zip Code _____ Country _____
(If not USA)

Phone _____

Email _____

College/University 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: \$15 for one-year membership _____ \$30 for two-year membership _____

Name of your Campus Ministry Director: _____

To verify your student status (i.e., that you are enrolled in at least 3 units) please have your Campus Ministry Director sign here:

Campus Ministry Director Signature

*Undergraduate and Graduate students must be enrolled, degree-seeking students in a college or university. Post-Baccalaureate students are those who are taking courses in a certificate granting program within a college or university following the completion of an undergraduate degree.

Please Remit (with payment) to:

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

ABA Office Use Only

Date received	Amount	Check #/Cash	Paid Thru