

American Benedictine Academy

Membership Form



Type of Membership:

Individual/1 Yr (\$35) _____ Individual/2 Yrs (\$50) _____ Student/1 Yr (\$15) _____

New _____ Renewal _____

Payment: Check _____ Paypal _____

Date _____

Name _____

Address _____

City/State/ZIP _____

Country (if not USA) _____

Work Phone _____ Cell _____

Email _____

Religious Community/Oblate Affiliation/Academic/Other

Areas of Interest You Wish to Share with the Academy

Please check if you wish to participate in one or more ABA Sections:

Monastic Research _____ Visual Arts _____ Archives _____ Library _____

Send form to: Julie A. Ferraro - ABA
 Mount St. Scholastica
 801 South 8th Street
 Atchison, KS 66002
 Email: ABAcadSec@gmail.com

ABA Use Only

Date Rec'd	Amount	Payment	Year