



The American Benedictine Academy
Membership Renewal/Application

Member Name _____

Monastery/Community _____

Oblate Affiliation _____

Academic/Other Affiliation _____

Street/PO Box _____

City _____ State _____ Postal Code _____

Country _____

Phone (cell) including area code: _____

Phone (office) including area code: _____

Email _____

Please describe areas of interest or expertise you wish to share with the Academy:

If you wish to participate in one or more of the ABA sections, please check below:

Monastic Research

Visual Arts

Library

Archives

Please return this form with your payment to:

Susan Hooks, OSB
PO Box 577
1008 McLary Rd
Nashville IN 47448

\$35.00 1 year

\$50.00 2 years

Please email or call if you have any questions. susanh@thedome.org (w) 812.988.6995 (c) 812.639.1062