Australian Catholic Biblical Association
Application for Membership

Surname:_____

Title (Dr, Rev, Sr etc.):_____

Christian Name(s):_____

Address:_____

_____ Postcode:_____

Telephone Numbers: _____(BH) _____(AH)

Telephone Numbers: _____(Mob) _____(Facsimile)

Email address:_____

Present Appointment:_____

Degrees / Title Institution Granting Degree / Date of Award

_____ _____ _____

_____ _____ _____

Particular Areas of Interest in Biblical Studies.

1._____

2._____

3._____

1. Does the applicant have a post-graduate degree in Biblical Studies? No / Yes – details

_____

2. Is the applicant currently teaching Bible at tertiary level? No / Yes – at institution/s

_____

3. Is the applicant actively involved in biblical scholarship? No / Yes – details

_____

Applicant's Signature _____ Date:_____

Nominated by _____

Nominator's signature_____

Please send your application for membership, together with a letter of support and a current CV, to the ACBA Secretary janinahiebel@gmail.com