



American Bell Association International, Inc.
Application for Membership and Magazine Subscription

Dues are remitted yearly. Multiple year dues are not accepted.
We accept payment via personal checks issued by U.S. banks,
international money orders, credit cards, and PayPal.

New Member or Renewing*: _____ New Member _____ Renewing

Annual Membership Type*: Please select your Membership Type by location. US members may opt to receive **The Bell Towersm** magazine by first class mail.

_____ **US Membership - \$50**

_____ **US Membership + delivery of The Bell Towersm magazine by first class mail - \$66**

_____ **Canada Membership - \$62 USD**

_____ **Other International Membership - \$74 USD**

First Name*: _____ **Last Name*:** _____

Email Address*: _____ We will send enrollment confirmations, receipts, etc., to this address. By joining or renewing online, you agree to receive by email renewal notices and other correspondence related to your membership and ABA activities/information. Please see also our **ABA Privacy Policy** as posted on our website.

Additional Members: Your family members who reside with you may join the ABA with you. Enter the names and email address of other family members who are joining. Only one magazine per household will be sent.

Name: _____ **Email Address:** _____

Name: _____ **Email Address:** _____

Home Address*: _____

City*: _____ **State*:** _____ **Postal Code*:** _____ **Country*:** _____

Phone number(s)*: _____

Mailing Address* (if different): _____

City*: _____ **State*:** _____ **Postal Code*:** _____ **Country*:** _____

How did you find out about us? _____ **ABA Website** _____ **Website Bell Forum** _____ **ABA Member**
_____ **Other Friend** _____ **The Bell Towersm** _____ **Other (please specify)** _____

Type(s) of Bells Collected: _____

I'd like to donate to the "Friends of ABA": Amount: \$ _____

I'd like to donate to the "Collins Memorial Bell Tower Fund": Amount: \$ _____

If one of these is a memorial or "in honor of" donation, please give us the name and address of the person to whom a notice of your kindness should be sent.

Name: _____ **Address:** _____

City: _____ **State:** _____ **Postal Code:** _____ **Country:** _____

My donation is ☐ **In Memory of** or ☐ **In Honor of (Name)**

Today's Date*: _____ **Amount Enclosed*:** _____

Make check or money order in US funds payable to **ABAIL** and mail to:
ABA MEMBERSHIP COORDINATOR, 2321 Lizard Lick Rd, Zebulon, NC 27597-8625

**Indicates required information*