



## 2018 Membership Dues Payment Plan Application

CONTACT INFORMATION	
Name	
Email	
Phone	Member number

### PAYMENT PLAN INFORMATION

**\*Please note that there is a \$2.00 fee per installment**

Please indicate the number of installments that you wish to make: \_\_\_\_\_ Date to be processed: 1<sup>st</sup> / 15<sup>th</sup> of the month.

2018 Membership Dues Amount: \$ \_\_\_\_\_ Total to be paid: \$ \_\_\_\_\_  
(dues + fees)

### PAYMENT INFORMATION

Credit card type:  Visa  MasterCard  American Express  Discover

Card number

Security Code

Name as it appears on the card

Expiration date

I hereby authorize The Boston Society of Architects to charge the credit/debit card listed below, for payment of my 2018 annual local/state membership dues. This 2018 agreement will remain in effect until The Boston Society of Architects receives a notice of cancellation of my membership from me. I understand that I will remain responsible for payment of my 2018 membership dues to The Boston Society of Architects should the account listed below for my payments become invalid during my payment schedule.

Signature

Date

**Please remit application and payment to:**  
Boston Society of Architects | 290 Congress Street, Suite 200 | Boston MA 02210  
E-mail to: [membership@architects.org](mailto:membership@architects.org) | Fax to: 617-951-0845