



2017 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: 1st / 15th of the month.

2017 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 2016 annual local/state membership dues. This 2016 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 2016 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 | Fax to: 617-951-0845