



## 2019 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.

2019 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/AIA to charge the credit/debit card listed below, for payment of my 2019 annual local/state membership dues. This 2019 agreement will remain in effect until The Boston Society of Architects/AIA receives a notice of cancellation of my membership from me. I understand that I will remain responsible for payment of my 2019 membership dues to The Boston Society of Architects/AIA 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/AIA | 290 Congress Street, Suite 200 | Boston MA 02210  
E-mail to: [membership@architects.org](mailto:membership@architects.org) | Fax to: 617-951-0845