

201, Dues Installment Program Authorization

Reinstating Applicants Only

Date	Member Number	Chapter Name
Member Name		
E-Mail		
Agreement		
, ,	nerican Institute of Architects to charge the cred nual dues for membership in The American Ins	lit/debit card listed below, in the frequency requested, fo titute of Architects.
	ll remain in effect until The American Institute of me or my financial institution.	Architects receives a written notice of cancellation of my
	main responsible for payment of my 2018 memb for my payments become invalid during my pa	ership dues to The American Institute of Architects should syment schedule.
American Institute of Arc payment program, you m	chitects. The payment program is only for the 2	state and local chapters to individual members of The 2018 membership dues. If you were enrolled in the 2013 ats before December 31, 2017, in order to participate in the les.
		Member Signature (required)
(Through your signature, you a	cknowledge and agree to all the statements and terms show	n above.)
Account information		
	n Institute of Architects to make monthly withdr of my 2018 annual membership dues to The Ar	rawal payments against the credit/debit card identified nerican Institute of Architects.
2018 Membership Dues (Enter your total national, state		/ Number of Installments stallments. Service fee is divided by number of installments)
Monthly Installment Amo 1st payment will be applied upo are paid in full or through June		narged on approximately the last business day of each month until dues
Available installments ba	ased on enrollment period:	
Enrollment between Oct	1 – Jan 31: Maximum of 6 installments	

Enrollment between Feb 1 – Feb 28: Maximum of 5 installments Enrollment between Mar 1 – Mar 31: Maximum of 4 installments Enrollment between Apr 1 – Apr 30: Maximum of 3 installment

Please fill out the information that corresponds with your payment option.

Please specify card type (e.g. Visa, American Express, MasterCard, Discover)	Visa	MasterCard	American Express	Discover
Name of Card Holder		Signature		
Credit / Debit Card Number		Exp. Date Must be later th 6/30/2017	an	

Return completed form by secured fax to: (202) 626 7547