



The American Institute of Architects

2010 Membership Dues Payment Plan Authorization

Member # _____ Date _____ Chapter Name _____

Member Name _____ E-Mail: _____

Agreement

I hereby request **The American Institute of Architects** to charge the credit/debit card listed below, in the _____ frequency requested, for payment of my 2010 annual dues for membership in The American Institute of Architects.

This 2010 agreement will remain in effect until **The American Institute of Architects** receives a written notice of cancellation of my 2010 membership from me or my financial institution.

I understand that I will remain responsible for payment of my 2010 membership dues to The American Institute of Architects should the account listed below for my payments become invalid during my payment schedule.

Members enrolling in the 2010 Membership Dues Payment Plan (MDPP) must be eligible for a waiver or deferral of Institute dues because of financial hardship, unemployment or similar circumstances specified in Section 3.03 of the Institute's Rules of the Board. By signing below I certify that I am eligible by reason of such circumstances.

Member Signature (required)

(Through your signature, you acknowledge and agree to all the statements and terms shown above.)

Account Information

I authorize The American Institute of Architects to make monthly withdrawal payments against the credit /debit card identified below, for the payment of my 2010 annual membership dues to The American Institute of Architects.

2010 Membership Dues: \$ _____ + **\$17.25 service fee**
(Enter your total national, state and local membership dues amounts here)

2010 State/Local Supplemental Dues \$ _____ **Add Supplemental Dues Calculation Section C from page 2 here**
(Enter your total supplemental dues here)

Monthly Installment Amount \$ _____ 1st payment will be applied upon processing of agreement. Succeeding payments will be charged on the last business day of each month until dues are paid in full or through June 2010, whichever occurs first.

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

VISA AMERICAN EXPRESS MASTERCARD

NAME OF CARD HOLDER _____

SIGNATURE _____

CREDIT/DEBIT CARD # _____ EXP DATE _____

EXP. DATE YEAR MUST BE LATER THAN 06/30/2010

Return completed forms* to:
Fax: 202-626-7547
E-Mail: aiapaymentplan@aia.org

Questions: 800-242-3837

The AIA 2010 Membership Dues Payment Plan (MDPP) is offered in agreement with state and local components to individual members of The American Institute of Architects. Members of components not participating in the 2010 MDPP are to contact their component directly for additional information. This payment plan program is only for the 2010 membership dues. If you were enrolled in the 2009 payment plan program, you must have completed the 2009 installment payments before December 31, 2009, in order to participate in the 2010 payment plan. You will need to reenroll for your 2010 membership dues.

* Please return both pages 1 and 2



The American Institute of Architects

2010 Supplemental Dues Payment Plan Authorization (Please see 2010 invoice for supplemental dues rates)

Member # _____ Date: _____

Member Name _____ E-Mail: _____

In addition to your annual renewal dues, you may include your 2010 Local and/or State supplemental dues liability in your monthly payments.

Account Information

Step 1

Calculate your 2010 Supplemental Dues

Check one:

	1. I neither own nor manage an architecture firm and do not owe any supplemental dues
	2. As an owner or manager of a firm, I designate the following member to be responsible for the reporting and payment of the firm's supplemental dues. Member Name: _____ Member ID #: _____
	3. I am a sole practitioner. Please complete Supplemental Dues Calculation
	4. I own or manage an architecture firm and am responsible for the firm's supplemental dues as reported below.

Dues Calculation:

If you checked box 3 or 4 above you are required to report the number of employees in each category below. Please indicate if there is no staff in a category by noting a "0".

The total number of employees at my firm is _____, categorized as follows:

Use 2010 invoice for rates	State Rate	Local Rate	Total Rate	X # of Staff	Amount
Member Architects Include yourself					\$
Non-Member Architects					\$
Other Staff					\$
Technical Staff					\$
2010 Total Supplemental Dues					\$

Step 2

Enter the total amount of Individual Dues owed A. \$ _____

Enter the total amount of Supplemental Dues owed B. \$ _____

Enter the total amount of 2010 dues owed (A+B) C. \$ _____

Step 3

Enter this amount as your 2010 dues on the Membership Dues Payment Plan Agreement