AIA Central Valley Payment Form

1400 S Street, Suite 100 Sacramento, CA 95811
Phone (916)444-3658Fax (916)444-3005 info@aiacv.org

Name _____ Firm/Company: _____

Address: _____ Phone: _____
Street City State ZIP

Email: _____

Designation: ☐ AIA ☐ Associate AIA ☐ Allied Affiliate AIA Member Number: _____

Payment made by: ☐ Cash ☐ Check ☐ Invoiced/send bill ☐ Visa ☐ MasterCard

If paying by credit card, please provide the following information:

Name as it appears on card _____

Credit Card Number
(please print legibly)

Billing Zip Code Expiration Date Security Code

Amount you authorize AIACV to deduct from credit card $ _____

Signature _____ Date _____

☐ I would like to have a receipt e-mailed to me.