



ARCHITECTURAL INSTITUTE OF BRITISH COLUMBIA

ARCHITECTURE CENTRE
SUITE 100 - 440 CAMBIE STREET
VANCOUVER, BC, CANADA V6B 2N5
604/683-8588
604/683-8568 FAX

Toll FREE IN BC 1/800/667-0753
1/800/661-2955 FAX
E-MAIL aibc@aibc.ca
INTERNET http://www.aibc.ca

PAYMENT REMITTANCE FORM

CREDIT ACCOUNT OF:

NAME IN FULL: _____
 (Surname) (First Name) (Initial)

HOME ADDRESS: _____
 (Street) (City) (Province) (Postal Code)

TELEPHONE: _____
 (Home) (Business) (Fax) (Postal Code)

EMAIL: _____

REASON FOR PAYMENT: _____

AMOUNT OF PAYMENT: _____

PAYMENT INFORMATION:

GENDER: Cheque Visa Mastercard Debit

NAME OF CARDHOLDER: _____

ACCOUNT #: _____

EXPIRY DATE: _____

SIGNATURE OF CARDHOLDER: _____