

# MISSISSIPPI ASSOCIATION FOR JUSTICE INACTIVE MEMBER APPLICATION

## APPLICANT INFORMATION

NAME: \_\_\_\_\_  
(First) (Middle) (Last) (Suffix)

FIRM NAME: \_\_\_\_\_

FIRM ADDRESS: \_\_\_\_\_

FIRM CITY/STATE/ZIP: \_\_\_\_\_

PHONE: ( ) \_\_\_\_\_ FAX: ( ) \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

HOME CITY/STATE/ZIP: \_\_\_\_\_

CELL: ( ) \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

OFFICE COUNTY: \_\_\_\_\_ STATE(S) LICENSED TO PRACTICE: \_\_\_\_\_

ADMITTED TO BAR: \_\_\_\_\_ (MM/DD/YYYY)

## DEMOGRAPHIC INFORMATION (FOR INTERNAL USE ONLY)

DATE OF BIRTH (MM/DD/YYYY): \_\_\_\_\_ GENDER:  MALE  FEMALE

ETHNICITY:  AFRICAN AMERICAN  ASIAN AMERICAN  CAUCASIAN  HISPANIC

NATIVE AMERICAN  BI-RACIAL/MULTI-RACIAL  OTHER \_\_\_\_\_

## MEMBERSHIP QUALIFICATIONS

Inactive membership shall be available to attorneys whose status with the Mississippi Bar Association is either "Inactive" or "Inactive/Exempt", who were voting members of this association when they obtained inactive or inactive/exempt status with the Mississippi Bar, who were in good standing with the Mississippi Bar when they became inactive or inactive/exempt and who continue to be in good standing with the Mississippi Bar, and who sign certification that they continue to adhere to the ideals and mission of the Mississippi Association for Justice including that their practice was focused on Plaintiff's personal injury and/or criminal defense matters. Inactive members do not have voting privileges. Inactive members shall have access to the general list server, subject to compliance with the list server agreement and annual certification that they continue to adhere to the ideals and mission of the Association.

By signing below you indicate that you support MAJ's mission, are dedicated to upholding and defending the principles of the Constitutions of the United States of America and the State of Mississippi, and are committed to the concept of a fair trial, the adversary system, and a just result for the injured, the accused, and those whose rights are jeopardized.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

(Please Print Name) \_\_\_\_\_

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## REFERENCES (OPTIONAL)

Reference #1: \_\_\_\_\_

PHONE: (    ) \_\_\_\_\_ EMAIL: \_\_\_\_\_

Reference #2: \_\_\_\_\_

PHONE: (    ) \_\_\_\_\_ EMAIL: \_\_\_\_\_

## LIST SUBSCRIPTIONS

<input type="checkbox"/> BP OIL SPILL LITIGATION	<input type="checkbox"/> General List Serve
<input type="checkbox"/> coalition talk	<input type="checkbox"/> Women's caucus
<input type="checkbox"/> Criminal Law	<input type="checkbox"/> young lawyers

### All applicants will be subscribed to the following email lists:

MAJ E-Clips— Daily e-mail digest of relevant news articles from periodicals across the country.

MAILCHIMP— Monthly newsletter with upcoming events and more news from MAJ.

## PAYMENT INFORMATION

### MEMBERSHIP DUES—\$150.00

\_\_\_\_\_ Check Enclosed (please make payable to MAJ)

Credit Card: \_\_\_\_\_ American Express    \_\_\_\_\_ MasterCard    \_\_\_\_\_ Visa

Name on Card: \_\_\_\_\_

Card Number: \_\_\_\_\_

Exp. Date: \_\_\_\_/\_\_\_\_/\_\_\_\_    Security Code: \_\_\_\_\_    Billing Zip Code: \_\_\_\_\_

**Mail to P.O. Box 1992, Jackson, MS 39215 or fax to (601) 948-8633.**

Office Use Only

**R1:** \_\_\_\_\_ E \_\_\_\_\_ T \_\_\_\_\_ C \_\_\_\_\_ SMI

**R2:** \_\_\_\_\_ E \_\_\_\_\_ T \_\_\_\_\_ C \_\_\_\_\_ SMI