

MISSISSIPPI ASSOCIATION FOR JUSTICE

PARALEGAL/LEGAL ASSISTANT MEMBERSHIP APPLICATION

APPLICANT INFORMATION

NAME: _____
(First) (Middle) (Last) (Suffix)

FIRM NAME: _____ YEARS AT FIRM: _____

FIRM ADDRESS: _____

FIRM CITY/STATE/ZIP: _____

PHONE: () _____ FAX: () _____

E-MAIL: _____ OFFICE COUNTY: _____

PREVIOUS FIRM: _____ YEARS AT FIRM: _____

FIRM CITY/STATE/ZIP: _____

PARALEGAL DEGREE/CERTIFICATE? YES NO GRADUATION YEAR: _____

IF SO, FROM WHICH INSTITUTION? _____

SPONSORING MAJ MEMBER: _____

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 _____

LIST SERVER MEMBERSHIPS

_____ PARALEGALS _____ WOMEN'S CAUCUS

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.

MEMBERSHIP DUES—\$50.00

_____ 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: _____

MEMBERSHIP QUALIFICATIONS

Non-voting membership shall be available to any paralegal or legal assistant sponsored by a voting member in good standing with the Mississippi Association for Justice.

I am a paralegal employed by and work at the law firm of, and at the same address as, the MAJ Regular, Sustaining, or Life member who is sponsoring my MAJ Paralegal/Legal Assistant Membership Application.

I am a paralegal who is qualified through education, training, and/or experience to perform substantive legal work under the direction of an attorney. The majority of my work (at least 70%) is on behalf of civil plaintiffs or criminal defendants. The legal work performed is in accordance with MAJ's mission and objectives and attested to by my sponsoring MAJ Regular, Sustaining, or Life Member.

Signature of Applicant _____ Date _____

(Please Print Name) _____

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