

MISSISSIPPI ASSOCIATION FOR JUSTICE MEMBER RENEWAL FORM

CONTACT INFORMATION

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

FIRM NAME: _____

FIRM ADDRESS: _____

FIRM CITY/STATE/ZIP: _____

OFFICE: () _____ FAX: () _____

CELL: () _____

E-MAIL ADDRESS: _____

OFFICE COUNTY: _____ CIRCUIT COURT DISTRICT: _____

*ADMITTED TO MISSISSIPPI BAR _____ *(Required of all voting members) (MM/DD/YYYY)

STATE(S) LICENSED TO PRACTICE: _____

OFFICE CONTACT: _____

LEGISLATIVE CONTACTS: _____

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 _____

AREAS OF SERVICE

If you are a voting member, please indicate with a check mark the areas below where you are willing help further the mission of MAJ through participation in association activities.

____ FUNDRAISING	____ AMICUS CURIAE
____ LEGISLATIVE/BILL READING	____ MEMBERSHIP
____ PUBLICATIONS	____ ELECTIONS

____ CLE INSTRUCTIONS (PLEASE LIST AREA(S) OF EXPERTISE) _____

____ OTHER AREAS OF INTEREST _____

LIST SERVER MEMBERSHIPS

____ BP OIL SPILL LITIGATION	____ GENERAL LIST SERVE
____ COALITION TALK	____ WOMEN'S CAUCUS
____ CRIMINAL LAW	____ YOUNG LAWYERS

MISSISSIPPI ASSOCIATION FOR JUSTICE MEMBER RENEWAL FORM

DUES STRUCTURE

VOTING MEMBERSHIP:

<input type="checkbox"/> IN PRACTICE 0-1 YEARS (\$90)	<input type="checkbox"/> IN PRACTICE 5-10 YEARS (\$350)
<input type="checkbox"/> IN PRACTICE 2-3 YEARS (\$150)	<input type="checkbox"/> IN PRACTICE 10+ YEARS (\$450)
<input type="checkbox"/> IN PRACTICE 4-5 YEARS (\$250)	<input type="checkbox"/> FULL-TIME PUBLIC DEFENDER (\$90)

NON-VOTING MEMBERSHIP:

ASSOCIATE MEMBER \$100

OUT OF STATE \$90

Licensed attorneys who are NOT members of the Mississippi State Bar.

OUT OF STATE (w/ access to MAJ list servers)

Membership dues for Out-of-State members with access to MAJ list servers are determined by the dues structure for voting members. Dues amount shall be based on year admitted to The Bar of the state of the attorney's residence.

PAYMENT INFORMATION

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.