

# MISSISSIPPI ASSOCIATION FOR JUSTICE ASSOCIATE MEMBER APPLICATION

## APPLICANT INFORMATION

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

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

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

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

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

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 \_\_\_\_\_

## LIST SUBSCRIPTIONS

### 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 QUALIFICATIONS

Non-voting membership shall be available to attorneys whose practices or their firm's practices are comprised of 30% or more defending cases on behalf of insurance companies, or attorneys employed on behalf of any government agency other than criminal defense attorneys, or attorneys or individuals whose employment or affiliation is with groups whose missions are compatible with those of MAJ.

Please describe: \_\_\_\_\_

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: \_\_\_\_\_

## PAYMENT INFORMATION

### **MEMBERSHIP DUES—\$100.00**

\_\_\_\_\_ 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