

# MISSISSIPPI ASSOCIATION FOR JUSTICE

# STUDENT MEMBER APPLICATION

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

**MEMBERSHIP QUALIFICATIONS:** Membership is open to any Mississippi law student who supports MAJ's mission and objectives; who are dedicated to upholding and defending the principles of the Constitution of the United States, who are of good moral character and who are committed and devoted 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.

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

Law School: \_\_\_\_\_ Year: \_\_\_\_ IL \_\_\_\_ 2L \_\_\_\_ 3L

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Demographic information (OPTIONAL—For Internal Use Only)

Gender: \_\_\_\_\_ Female \_\_\_\_\_ Male Date of Birth: \_\_\_\_\_ (MM/DD/YYYY)

Ethnicity: \_\_\_\_\_ African American \_\_\_\_\_ Asian American \_\_\_\_\_ Caucasian \_\_\_\_\_ Hispanic

\_\_\_\_\_ Native American \_\_\_\_\_ Bi-racial/ Multi-racial \_\_\_\_\_ Other \_\_\_\_\_

Preferred area of interest (i.e. criminal defense, personal injury): \_\_\_\_\_

Preferred state or region you would like to practice law: \_\_\_\_\_

Membership Dues: \$25

\_\_\_\_\_ Check enclosed (payable to the Mississippi Association for Justice)

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

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

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

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

Signature of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_