

**The Mississippi Bar
Mailing Address Order Form**

(Please allow 3-5 working days for processing)

Order Date: _____ Contact: _____
Date Needed: _____ Telephone: _____
Email: _____

Mailing Address:
Name: _____
Address: _____
City/State/Zip: _____

Billing Address (if different from Mailing Address):
Name: _____
Address: _____
City/State/Zip: _____

SELECT FORMAT	SELECT STATUS	SECTION MEMBERSHIP
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<input type="checkbox"/> EMAIL ATTACHMENT <input type="checkbox"/> EXCEL SPREADSHEET <input type="checkbox"/> COMMA DELIMITED	<input type="checkbox"/> Active - Mississippi <input type="checkbox"/> Active - Out of State <input type="checkbox"/> Total Active Members <input type="checkbox"/> Inactive - Mississippi <input type="checkbox"/> Inactive - Out of State <input type="checkbox"/> Total Inactive Members	<input type="checkbox"/> ALTERNATIVE DISPUTE RESOLUTION <input type="checkbox"/> APPELLATE LAW <input type="checkbox"/> BUSINESS LAW <input type="checkbox"/> CHILD WELFARE & ADVOCACY <input type="checkbox"/> ESTATES & TRUSTS <input type="checkbox"/> FAMILY LAW <input type="checkbox"/> GAMING LAW <input type="checkbox"/> GOVERNMENT LAW <input type="checkbox"/> HEALTH LAW <input type="checkbox"/> INTELLECTUAL PROPERTY <input type="checkbox"/> LABOR & EMPLOYMENT <input type="checkbox"/> LITIGATION & GENERAL PRACTICE <input type="checkbox"/> SONREEL (NATURAL RESOURCES) <input type="checkbox"/> PROSECUTORS <input type="checkbox"/> REAL PROPERTY <input type="checkbox"/> TAXATION <input type="checkbox"/> VETERANS & MILITARY LAW <input type="checkbox"/> WOMEN IN THE PROFESSION <input type="checkbox"/> WORKER'S COMPENSATION
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SORT BY		
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<input type="checkbox"/> ZIP CODE <input type="checkbox"/> ALPHABETIC <input type="checkbox"/> COUNTY <input type="checkbox"/> STATE <input type="checkbox"/> OTHER: SPECIFY _____	<input type="checkbox"/> Female - Mississippi Active <input type="checkbox"/> Female - Out of State Active <input type="checkbox"/> Female - Mississippi Inactive <input type="checkbox"/> Female - Out of State Inactive <input type="checkbox"/> Total Members - Female <input type="checkbox"/> Minority - Mississippi Active <input type="checkbox"/> Minority - Out of State Active <input type="checkbox"/> Minority - Mississippi Inactive <input type="checkbox"/> Minority - Out of State Inactive	
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SELECT LOCATION		
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LIST STATE(S) REQUESTED	SPECIAL INSTRUCTIONS	FOR MS BAR use only- do not complete
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_____ _____ _____ _____ _____		DO NOT PREPAY UNLESS REQUESTED ** use this section to estimate cost only Choose One: <input type="checkbox"/> 5 cents . Non-Profit CLE Seminars . Law-related campaigns . State/Local Organizations <input type="checkbox"/> 10 cents . For-profit CLE Seminars . Non-law related campaigns . Announcements/Invitations/Newsletters <input type="checkbox"/> 15 cents . Commercial purposes (subject to approval)
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LIST MISSISSIPPI COUNTIES REQUESTED		
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_____ _____ _____ _____ _____ _____ _____ _____ _____ _____		<input checked="" type="checkbox"/> # OF ADDRESSES SELECTED = LABEL COST + 25.00 SET UP FEE = ESTIMATED TOTAL COST
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TO SUBMIT THE ORDER:	DATE: _____ COMPLETED:
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<input checked="" type="checkbox"/> Complete MAILING ADDRESS RENTAL AGREEMENT <input checked="" type="checkbox"/> Complete MAILING ADDRESS ORDER FORM <input checked="" type="checkbox"/> Include sample copy of mail piece or communication. <input checked="" type="checkbox"/> Fax (1-888-355-0221) or Email (srockoff@msbar.org) the above (3) documents to Membership Records.	<input type="checkbox"/> EMAILED <input type="checkbox"/> BILLED
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