

**The Mississippi Bar  
Mailing Address Order Form**

(Please allow 3-5 working days for label 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
<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"/> 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 <input type="checkbox"/> Minority - Total Members	<input type="checkbox"/> ALTERNATIVE DISPUTE RESOLUTION <input type="checkbox"/> APPELLATE LAW <input type="checkbox"/> BUSINESS LAW <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"/> WORKER'S COMPENSATION <input type="checkbox"/> MISSISSIPPI SECTION MEMBERS ONLY
SORT BY		
<input type="checkbox"/> ZIP CODE <input type="checkbox"/> ALPHABETIC <input type="checkbox"/> COUNTY <input type="checkbox"/> STATE <input type="checkbox"/> OTHER: SPECIFY _____		
SELECT LOCATION		
LIST STATE(S) REQUESTED		

LIST MISSISSIPPI COUNTIES REQUESTED	SPECIAL INSTRUCTIONS	FOR MS BAR use only- do not complete
_____ _____ _____ _____ _____ _____ _____ _____ _____ _____		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)
		<b>X</b> # OF ADDRESSES SELECTED
		= LABEL COST
		+ 25.00 SET UP FEE
		= ESTIMATED TOTAL COST

**TO SUBMIT THE ORDER:**  
 Complete MAILING ADDRESS RENTAL AGREEMENT - Page 1 of 3  
 Complete MAILING ADDRESS ORDER FORM - Page 2 of 3  
 Include sample copy of mail piece or communication.  
 Fax (601-355-8635) or Email (srockoff@msbar.org) the above (3) documents to Membership Records.

**DATE:** \_\_\_\_\_ **COMPLETED:** \_\_\_\_\_  
 EMAILED           BILLED