

**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"/> PRINT ON PAPER <input type="checkbox"/> PRINT ON LABELS <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"/> 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 _____	<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	

SELECT LOCATION	SPECIAL INSTRUCTIONS	FOR MS BAR use only- do not complete
LIST STATE(S) REQUESTED _____ _____ _____ _____ _____		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)

LIST MISSISSIPPI COUNTIES REQUESTED		
_____ _____ _____ _____ _____ _____ _____ _____ _____ _____		X # OF ADDRESSES SELECTED = LABEL COST + 25.00 SET UP FEE = ESTIMATED TOTAL COST

TO SUBMIT THE ORDER:	DATE:	COMPLETED:
<input checked="" type="checkbox"/> Complete MAILING ADDRESS RENTAL AGREEMENT - Page 1 of 3 <input checked="" type="checkbox"/> Complete MAILING ADDRESS ORDER FORM - Page 2 of 3 <input checked="" type="checkbox"/> Include sample copy of mail piece or communication. <input checked="" type="checkbox"/> Fax (601-355-8635) or Email (nmcintyre@msbar.org) the above (3) documents to Membership Records.		<input type="checkbox"/> EMAILED <input type="checkbox"/> BILLED