

MB USE ONLY				
Bar #				
<b>Date Sworn</b>				

As required by Section 73-3-119 of the Mississippi Code, Enrollment on the list of members of this association and the payment of annual fees as required hereby shall be prerequisites to the continued practice of any lawyer... Accordingly you must be a member of The Mississippi Bar to practice law in Mississippi.

The Mississippi Bar, Membership Records, P. O. Box 2168, Jackson, MS 39225-2168, 601-948-4471

PRINT CLEARLY (All Fields Required)

APPLICANT INFORMATION	N		
NAME			
FIRST	MIDDLE	LA	ST
PREFERRED FIRST NAME(first	name as you wish to be addressed)	SOCIAL SECURITY NUMBER	
FIRM NAME			
	number of attorneys in firm or practice type ( ) 2-3 ( ) 4-5 ( ) 6-10 ( ) 11-	-19 ( ) over 20 ( ) Corporate/In-house	( ) Government ( ) Other
BUSINESS MAILING ADDRESS _			
CITY	STATE	ZIP CODE	MISSISSIPPI COUNTY
BUSINESS PHYSICAL ADDRESS_			
CITY	STATE	ZIP CODE	MISSISSIPPI COUNTY
PHONE	EMA	IL	
HOME ADDRESS			
CITY	STATE	ZIP CODE	MISSISSIPPI COUNTY
PHONE	MOBILE	EMAIL_	
( ) Busine	ess Mailing ( ) Home Address	ou would like published in The MS Bar's Director	ry and on the website.
DEMOGRAPHIC INFORMAT			
BIRTH DATE/_/ MM/ DD/ YY	GENDER ( )M( )F	used for statistical purposes only.  RACE ( ) African-American ( ) Asian (	) Hispanic ( ) Indian ( ) White ( ) Other
LAW SCHOOL		STATE	GRADUATION YEAR

## ADDRESS CHANGE

The records of The Mississippi Bar are referred to daily by the public, professional organizations and other groups with references to location, address, membership status, etc. of attorneys in Mississippi law requires that "any lawyer changing his residence... promptly notify the Membership Department of The Mississippi Bar. In view of the many requests for mailing addresses and the statutory requirements of Bar membership, please notify The Mississippi Bar of any future changes in the above information.

MB-Enrollment Form Revised 3/30/2017 23