**MISSISSIPPI COURT ADMINISTRATORS ASSOCIATION**

**(PLEASE MARK ONE)**

 MEMBERSHIP APPLICATION

 CORRECTING MY INFORMATION

The Mississippi Court Administrators Association is a professional organization developed to promote professionalism of court personnel in Mississippi; to increase awareness of and knowledge about court operations; and to foster cooperation, understanding and exchange of information between court personnel, judges, the legal community, and others involved with or interested in improving the operations of Mississippi Courts.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**NAME (Please Print) COURT or DISTRICT**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**TITLE EMAIL ADDRESS**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**MAILING ADDRESS TELEPHONE**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**COUNTY ZIPCODE TELEFAX**

**\*PLEASE LIST THE NAME OF THE JUDGE(S) YOU SERVE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

\_\_\_\_\_\_Regular Member ($25.00)

(**PLEASE MARK ONE**)

 First time member **\*Who did you replace? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 Renewal

Annual dues are for the period of one year (**April 1 through March 31**) and must be paid by **March 31** of the current year for membership during that calendar year.

Please indicate your desire as to payment of your dues for the **2021** Calendar Year. By your signature below, you signify your understanding that your membership in **MSCAA** is subject to the **By Laws of the Association**.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(**Your Signature**)

PLEASE RETURN **FORM** ALONG WITH **PAYMENT** TO:

**Brooke Pollard, MSCAA Treasurer**

**P. O. Box 659**

**Gulfport, Mississippi 39502**

**bpollard@co.harrison.ms.us**