

2019
MISSISSIPPI PUBLIC DEFENDER ASSOCIATION
Application for Membership

Return to: MPDA, P.O. Box 3510, Jackson, MS 39207-3510
(601) 576-4210

Name: _____ Bar Number _____

Business Address: _____

Business Phone: _____ Fax: _____

County(s) you serve: _____ E-mail: _____

Mark the Membership class which applies to your Public Defender Practice

_____ **I. SALARIED MEMBERSHIP** (MPDA Dues are \$60.00)

Full or part time Public Defender paid by salary to represent indigent people charged with criminal offenses.

_____ **II. APPOINTED MEMBERSHIP** (MPDA Dues are \$60.00)

Regularly appointed by a court on a case by case basis to represent indigent criminal defendants and not a prosecutor.

_____ **III. ASSOCIATE MEMBERSHIP** (MPDA Dues are \$35.00)

Paralegal staff member of a Public Defender's office. This category includes investigators, law clerks, interns, secretaries, administrators, etc.

My job description is: _____

• I understand that an Appointed or Associate membership entitles me to attend MPDA seminars /conferences but I must provide my own lodging, meals, and mileage. I also understand that the Mississippi Office of Public Defender, Division of Public Defender Training may charge tuition for the seminars/conferences.

Please provide names of other Public Defenders in your area:

Please check the primary area(s) of your public defense practice:

Felony _____ Death Penalty _____ Appeals/Post-Conviction _____
Youth Court _____ Drug Court _____ Misdemeanor _____

I certify that the above information is true and accurate to the best of my knowledge and that I understand the conditions of membership in the MPDA.

Signed: _____ Date: _____