

**2025**  
**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: \_\_\_\_\_

E-mail: \_\_\_\_\_

**Add me:** MPDA list serv  Youth Defender list serv  Parent Defender list serv

County(s) you serve: \_\_\_\_\_

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 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: \_\_\_\_\_