

**2025**  
**MISSISSIPPI PUBLIC DEFENDER ASSOCIATION**  
**Application for Membership**

**Return to: MPDA**  
**P.O. Box 3510**  
**Jackson, MS 39207-3510**

Name: \_\_\_\_\_ Bar Number \_\_\_\_\_

Business Address: \_\_\_\_\_

\_\_\_\_\_

Business Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Add me:** MPDA listserv ☐ Youth Defender listserv ☐ Family Defender listserv ☐

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

\_\_\_\_\_ **I. ATTORNEY MEMBERSHIP** (MPDA Dues are \$60.00)

Public defenders paid by salary to represent indigent people in criminal or youth courts, attorneys who regularly accept appointments to represent indigent people in criminal or youth courts, attorneys who regularly represent people pro bono in criminal or youth courts, attorneys who work full time for an organization whose primary purpose is the improvement of criminal and youth court systems

\_\_\_\_\_ **II. NON-ATTORNEY MEMBERSHIP** (MPDA Dues are \$35.00)

Paralegal staff member of an attorney member of MPDA. This category includes investigators, law clerks, interns, secretaries, administrators, etc.

Employer \_\_\_\_\_

My job description is: \_\_\_\_\_

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: \_\_\_\_\_