



THE MISSISSIPPI BAR

Letter of Good Standing Request Form

Name: _____
Bar Number: _____
Firm: _____
Address: _____
City, State, Zip: _____
Phone: _____ Fax: _____
Email: _____

**Is this a new address for you? Yes _____ No _____*

Please indicate which method(s) you prefer to receive the Letter of Good Standing:

Mail ☐ How many originals? _____

Email ☐ Email delivery address? _____

If you need the Letter of Good Standing mailed to an *alternate address*, please list below:

Company: _____

Attention: _____

Address: _____

City, State, Zip: _____

Please allow 2 business days for processing.

Email this completed form to membership@msbar.org