

**MISSISSIPPI ASSOCIATION OF  
PROFESSIONAL PROCESS SERVERS  
(MAPPS)**



**Membership Application**

*Check One:*

**Full Membership:** A payment of \$50.00 must be submitted with this application along with 2 letters of reference and a copy of a valid driver's license. One letter of reference from any person for whom you have served process, eg Attorney, etc and the other one may be from another client or a current MAPPS member.

**Full Membership & Legislative Donation:** A payment of \$100 must be submitted with this application along with 2 letters of reference and a copy of a valid driver's license. One letter of reference from any person for whom you have served process, eg Attorney, etc and the other one may be from another client or a current MAPPS member.

**Associate Membership:** A payment of \$25 must be submitted with this. This membership is for non resident applicants and would not have voting privileges but would be eligible for directory listing.

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Firm Name \_\_\_\_\_ Your Position \_\_\_\_\_  
 Street Address \_\_\_\_\_ Zip \_\_\_\_\_  
 Mailing Address \_\_\_\_\_ Zip \_\_\_\_\_  
 Telephone \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
                     Daytime (Office)                      Toll Free                      Other (Residence/Cell)                      Fax

Have you been convicted of a felony in the past five years? \_\_\_\_\_ (If yes, attach separate sheet with details)  
 I have been a resident of the state of Mississippi for a period of \_\_\_\_\_ Years and \_\_\_\_\_ Months or  
 I have been affiliated with the profession of process serving for a period of \_\_\_\_\_ Years and \_\_\_\_\_ Months  
 Lists names of other associations to which you belong \_\_\_\_\_

**Directory Listing(s)**

*Check only those boxes you wish to incorporate in your listing(s)*

Street Address  Mailing Address  Telephone  Office  Fax  Toll Free  Other (specify) \_\_\_\_\_

Email \_\_\_\_\_  
 Website \_\_\_\_\_  
 List me in the directory under the County of \_\_\_\_\_

*Services Provided:*

PS Process Service  CF Court Filings  CRS Court Record Searches  SP Subpoena Preparation  ST Skip Trace  
 PC Photocopying  PI Private Investigations  NP Mississippi Notary Public  
 Other \_\_\_\_\_

Counties Served (list only those areas in which you serve without charging an additional fee for forwarding papers)  
 \_\_\_\_\_

- I authorize the Mississippi Association of Professional Process Servers to investigate the statements made on this application and my qualifications for membership.
- I understand that membership, if granted, will be in **MY NAME** and not in the name of any company owned by me or with which I am affiliated and
- I authorize publication, of the information listed in the Directory Box, in the **MAPPS Directory**.
- I further understand that my membership cannot be transferred to another person.
- I agree to abide by the **MAPPS Bylaws** and **Code of Ethics** and to all amendments thereto.
- I agree to submit to binding arbitration in all disputes with MAPPS members involving fees, work performance and professional conduct in accordance with the procedures set forth in the **MAPPS Bylaws**.
- **I DECLARE UNDER PENALTY OF PERJURY THAT THE STATEMENTS MADE IN THIS APPLICATION ARE TRUE AND CORRECT.**

Date \_\_\_\_\_ Signature of Applicant \_\_\_\_\_

**Please mail application, letters of recommendation and dues to:  
 MAPPS, Davy Keith, 416 Pittman, Rd., Ellisville, MS 39437**