

Mississippi Association of Supervisors

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\$75

2016-2020 DIRECTORY OF COUNTY OFFICIALS

'MAS BLUE BOOK' ORDER FORM

Recipient Information

County/Company _____

Print Name _____

Position/Title _____

Phone Number _____ Fax Number _____

Address _____

City _____ State _____ Zip Code _____

No. of Directories: _____ @ \$75 each: \$ _____ Total Due

Email: _____

Payment Information



Check No. _____

Credit Card

Send invoice

Cardholder Name (As printed on card) _____

Card Number _____

Expiration Date _____ CVV (back of card) _____

Billing Address _____

City _____ State _____ Zip Code _____

Signature _____