

## MAS Magazine Subscription Order Form

County/Company Name: \_\_\_\_\_ Date: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### \* \* \*Members\* \* \*

*Members receive a complimentary digital copy of the magazine; if you wish to receive add a hard copy, please fill out the following portion:*

☐ Please send me \_\_\_\_\_ **hardcopy** subscriptions at \$20 per subscriber (*Annually, 4 issues*)

### \*\*\*Nonmembers\*\*\*

☐ Please send me \_\_\_\_\_ **digital** subscriptions at \$24 per subscriber (*Annually, 4 issues*)

☐ Please send me \_\_\_\_\_ **hardcopy** subscriptions at \$36 per subscriber (*Annually, 4 issues*)

☐ Please send me \_\_\_\_\_ **both** subscriptions at \$44 per subscriber (*Annually, 4 issues*)

**Please send the following individuals the *Mississippi Supervisor* magazine.**

1. Name: \_\_\_\_\_ Title: \_\_\_\_\_

(*For Hard Copy*) Mailing Address: \_\_\_\_\_

(*For Digital Copy*) Email: \_\_\_\_\_ Cell: \_\_\_\_\_

2. Name: \_\_\_\_\_ Title: \_\_\_\_\_

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\* \* \* \* \*

**Total Due:** \_\_\_\_\_

☐ Bill me      ☐ Check Enclosed (No. \_\_\_\_\_)      ☐ Credit Card

**Credit Card Payment: MAS will email an invoice with payment link to the contact listed below:**

**Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Email:** \_\_\_\_\_

Return to: MS Association of Supervisors  
Attn: Savanna McCafferty  
793 N. President Street  
Jackson, MS 39202

Phone: 601.353.2741  
Fax: 601.353.2749  
Email: [smccafferty@massup.org](mailto:smccafferty@massup.org)