



MISSISSIPPI ASSOCIATION of PERSONNEL ADMINISTRATORS

P O Box 2301
Jackson, MS 39225

Facebook: MAPA - Mississippi Association of Personnel Administrators

MEMBERSHIP STATUS/TYPE: (Dues for current year) July 1, 2022 to June 30, 2023
REGULAR MEMBERSHIP REGISTRATION \$35.00

☐ NEW ☐ RENEWAL ☐ RETIRED (\$25.00) ☐ CHANGE OF INFORMATION

Anyone who joins during the last quarter will receive paid membership through the next year (March 2022 through June 30, 2022)

Name: _____ Date of Birth: _____

Title: _____

Agency/Organization: _____

Mailing Address: _____ City _____ State _____ Zip _____

Hand mail Address: _____

Contact/Office Phone: () _____ E-mail: _____

Organization Category:

☐ County Government ☐ Health Care ☐ State Government ☐ Municipal Government ☐ Other: _____

Major job responsibilities: Please check all that apply:

☐ Employee Training ☐ Human Resources ☐ Insurance Benefits
☐ Leave Benefits ☐ Payroll ☐ SPAHRS Usage

Years of experience in Human Resources, Payroll, Training, or Benefits responsibilities: _____

Years of membership in MAPA: _____

Please check all areas you would like to contribute your time in serving MAPA:

<input type="checkbox"/> Auditing	<input type="checkbox"/> By-Laws	<input type="checkbox"/> Conference Exhibits	<input type="checkbox"/> Conference Program	<input type="checkbox"/> Door Prizes
<input type="checkbox"/> Elections	<input type="checkbox"/> General Conference	<input type="checkbox"/> Membership Drives	<input type="checkbox"/> Newsletter	<input type="checkbox"/> Nominations
<input type="checkbox"/> Publicity	<input type="checkbox"/> Quarterly Meetings	<input type="checkbox"/> Registration	<input type="checkbox"/> Speakers for Meetings	<input type="checkbox"/> Vendor

Do you want confirmation of dues received? _____ No _____ Yes

Would you like a listing of MAPA members? _____ No _____ Yes

(Do not write below this line)

MAPA Interim Treasurer: Danielle Thomas

Date Received/Paid: _____

Membership Dates: _____

Check #: _____

There are several ways to pay your dues: (1) state agencies use MAGIC vendor **3100021419** or 3100035113 for Paymode. Each member's name must be shown on the text field line and document header of the MAGIC document; (2) by check made payable to **MAPA** and mailed to the address above. Regardless of your payment method, you **MUST** mail this form to the address above or email to mapamembership019@gmail.com. Failure to do so may result in a membership delay. This form will serve as your invoice.