

## MAS Magazine Subscription Order Form

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

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

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

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

\* \* \* \* \*

I would like to receive **digital** copies of the *Mississippi Supervisor* magazine.

I would like to receive **hardcopies** of the *Mississippi Supervisor* magazine.

I would like to receive **both** (hard and digital copies) of the *Mississippi Supervisor* magazine.

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

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

Mailing Address: \_\_\_\_\_

Email: \_\_\_\_\_ Cell: \_\_\_\_\_

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

Mailing Address: \_\_\_\_\_

Email: \_\_\_\_\_ Cell: \_\_\_\_\_

\* \* \* \* \*

Please send me \_\_\_\_\_ **digital** subscriptions at \$24 per subscriber \$\_\_\_\_\_ Total Due

Please send me \_\_\_\_\_ **hardcopy** subscriptions at \$36 per subscriber \$\_\_\_\_\_ Total Due

Please send me \_\_\_\_\_ **both** subscriptions at \$44 per subscriber \$\_\_\_\_\_ 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)