# 2010-11 MCB Directory Order Form

*MCB members receive one copy free as part of their membership dues. This order is for additional MCB member staff or nonmember copies.*

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Name

_____
Firm name

_____
Phone number Fax number E-mail

_____
Address City State Zip

☐ Please reserve ____ additional **MCB member copies** ($40 each).

☐ Please reserve ____ **nonmember** copies ($50 each).

☐ Please ship my copies ($5for the first directory, $.50 each thereafter).

☐ Please hold my copies at the Bar Center, I will pick them up.

☐ I'm enclosing a check payable to Mecklenburg County Bar **TOTAL** $_____

☐ Please charge my credit card **TOTAL** $_____

_____ _____
Signed Date

_____ _____
Name on card Name of company

_____
Billing address

_____
City State Zip

_____ _____
Telephone E-mail

AmEx ____ Visa _____ MC _____

Card #: _____ Exp.: _____

Total Amount: $_____

Please mail your order form and check to
**MCB DIRECTORY**, 438 Queens Rd., Charlotte, NC 28207,
or fax it to 704/333-6209