



Health Security for New Mexicans Campaign  
Businesses for the NM Health Security Plan Form

YES, I/we not only endorse the NM Health Security Plan but also want to be listed as a member of Businesses for the NM Health Security Plan, a broad coalition of businesses that want to see NM Health Security Plan become a reality for all of us.

BY \_\_\_\_\_  
Name of Business

ADDRESS \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

CITY \_\_\_\_\_ ZIP CODE \_\_\_\_\_

E-MAIL \_\_\_\_\_ FAX \_\_\_\_\_

SIGNED \_\_\_\_\_  
Signature of Owner Print Name

DATE \_\_\_\_\_

CONTACT PERSON (if different from above).

Contact person will receive information from the Campaign through e-mail.

NAME \_\_\_\_\_ POSITION \_\_\_\_\_  
Print Name

E-MAIL \_\_\_\_\_

PHONE \_\_\_\_\_

Please sign and mail this form to  
Health Security for New Mexicans Campaign,  
PO Box 2606, Corrales, NM 87048  
505-897-1803