



Health Security for New Mexicans Campaign
Physicians 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 Physicians for the NM Health Security Plan, a coalition of physicians who want to see the 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