



Health Security for New Mexicans Campaign Membership Form for Organizations

YES, we not only endorse the NM Health Security Plan but also want to be listed as a member of the Health Security for New Mexicans Campaign, a broad coalition of organizations and individuals working together so the NM Health Security Plan can become a reality for all of us.

BY _____
Name of organization

ADDRESS _____ PHONE _____

CITY _____ ZIP CODE _____

EMAIL _____ FAX _____

SIGNED _____
Authorized signature Print name and title

DATE _____

CONTACT PERSON (if different from above).

Contact person will receive information from the Campaign through email.

NAME _____ POSITION _____
Print name

EMAIL _____

PHONE _____

Please sign and mail this form to
Health Security for New Mexicans Campaign,
PO Box 2606, Corrales, NM 87048
or email it to
hsnmc.contact@gmail.com