



Health Security for New Mexicans Campaign Membership Form

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 NUMBER _____

CITY _____ ZIP CODE _____

E-MAIL _____ FAX _____

SIGNED _____
authorized signature print name, title

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