

CCNM Membership Form

Name: _____

Phone #: _____ Cell #: _____

E-Mail Address: _____

Mailing Address: _____

City: _____ Zip Code: _____

Parish: _____ City/Town: _____

Organizations currently involved in: _____

I would like to help on:

Website Committee: _____

Voter's Guide Committee: _____

Billboard/Communications Committee: _____

Membership Committee: _____

Forming a Community Organization in my area: _____

Other areas of interest: _____

Signed: _____ Date: _____

\$35.00 annual dues enclosed.

Please mail to: Catholic Coalition of New Mexico
P.O. Box 905
Belen, NM 87002

Thank you for your support!