



NEW MEXICO  
**HEPATITIS C**  
ALLIANCE

## MEMBERSHIP FORM – 2009

Fields with \* are required

\* NAME \_\_\_\_\_  
POSITION/TITLE \_\_\_\_\_  
DEPARTMENT: \_\_\_\_\_  
ORGANIZATION \_\_\_\_\_  
\* MAILING ADDRESS \_\_\_\_\_  
\* CITY \_\_\_\_\_ \* STATE \_\_\_\_\_ \* ZIP CODE \_\_\_\_\_  
\* PHONE \_\_\_\_\_ FAX \_\_\_\_\_  
\* E-MAIL \_\_\_\_\_

Please see our vision and mission on the back of the enclosed business card. You may access our 2006/2009 strategic plan and other materials at NMCHA Yahoo Groups or at [www.nmhepcalliance.org](http://www.nmhepcalliance.org).

Please let us know if you have any special areas of interest (i.e., Community Education and Awareness; Outreach, Education, and Testing for High Risk Populations; Advocacy for Affected Populations; Enhanced and Expanded Services). You may use additional sheets of paper if necessary.

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\$10 NM Hepatitis C Alliance annual membership fee

Yes, I would like to volunteer  Yes, add me to your email

No, I do not want to be contacted,  
but will support by joining

**Please make checks payable to NM Hepatitis C Alliance, Inc. NMHCA does not accept credit card payment.**

New Mexico Hepatitis C Alliance, Inc.  
P. O. Box 6601  
Albuquerque, NM 87197  
505-314-6665

NMHCA is a 501(c)3 nonprofit under NM State law. Your dues are tax deductible.

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