

**NEW MEXICO IN DEPTH**

**MEMBER INFORMATION**

Member Name:		
Date of birth:	Email:	Phone:
Current address:		
City:	State:	ZIP Code:

**SPOUSE INFORMATION IF JOINT MEMBERSHIP**

Name:		
Date of birth:	Email:	Phone:

**PAYMENT INFORMATION**

**I WILL MAIL A CHECK**

**I WILL PAY BY CREDIT/DEBIT CARD**

Type Card:	<input type="checkbox"/> American Express	<input type="checkbox"/> Visa	<input type="checkbox"/> Mastercard	<input type="checkbox"/> Discover
Billing Name:				
Billing address:				
Billing City:	Billing State:	Billing ZIP Code:		
Phone:	E-mail:			
Credit/Debit Card Number:				
Expiration Date:	CSC (3 Digit number on back of card):			

**SIGNATURE**

I authorize the use of my credit/debit card information to pay for membership dues.

Signature:	Date:
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**PRINT AND MAIL THIS FORM ALONG WITH CHECK IF APPLICABLE TOO:**

New Mexico In Depth  
7820 Enchanted Hills Blvd. Ste A-225  
Rio Rancho, NM 87144

For more information, email [marjorie@nmindepth.com](mailto:marjorie@nmindepth.com) or call 505-410-8487