

4. Bank Information: *(Financial institution must be located in the State of New Mexico)*

a. _____
(Full name of bank and/or financial institution)

b. _____
(P.O. Box or Street Address)

c. _____
(City, State, Zip) (Telephone #)

5. Officers: *(A committee must appoint and maintain a treasurer)*

(Full name of Committee Treasurer)

(P.O. Box or Street Address)

(City, State, Zip) (Telephone #) (Email Address)

(Full name of officer and position held)

(P.O. Box or Street Address)

(City, State, Zip) (Telephone #) (Email Address)

(Full name of officer and position held)

(P.O. Box or Street Address)

(City, State, Zip) (Telephone #) (Email Address)

CERTIFICATION

I hereby swear or affirm under penalty of law that all the information on this form is true, correct and complete to the best of my knowledge.

Attested this _____ day of _____, 20____.

(Signature of treasurer)

[Seal]

Subscribed and sworn to before me this _____ day of _____, 20__ by _____

(Notary Public)

My commission expires: _____