

New Mexico Joint Organization for EMS Education Proxy Form

(applicable for the following entities to utilize: Each emergency medical services regional office training coordinator and providers from the three highest levels of licensure, who are appointed by the secretary from a list proposed by the statewide EMS advisory committee)

The below proxy is hereby authorized to vote, if eligible* and as indicated, on all agenda items for the principal undersigned below, at the JOE meeting indicated.

PROXY INFORMATION

Name (please print)	Organization/Affiliation (if any)
Mailing Address	Email Address
City, State, Zip	Telephone

PRINCIPAL AUTHORIZATION

I, _____, hereby authorize the proxy noted above to vote on my behalf on all agenda items at the JOE meeting to be held on _____. This proxy is:

- *Not voting on my behalf, as they already hold a voting position in the JOE. **(OR)**
- Voting as indicated as indicated below or in a separate document submitted with this Proxy Form. **(OR)**
- Voting their conscience (**ONLY** for proxies who are not already voting members of the JOE).

Principal Signature: _____ Date: _____

Voting Instruction (if any):
