

Phoenix Hispanic Network Membership Application Form

FY 2024-2025



phoenixhispanicnetwork.org

PHN works to support and foster the professional careers of City of Phoenix employees. PHN is committed to attracting, developing, and retaining members by providing educational and professional opportunities. PHN membership dues are essential to providing the resources needed to fulfill this mission. As a member of the Phoenix Hispanic Network, you will receive event and membership information, newsletters, and updates through email to ensure all communications effectively reach our members.

Member Contact Information :

| | | | |
|------------------|----------------------|--|--|
| Name: | <input type="text"/> | Department: | <input type="text"/> |
| Position/ Title: | <input type="text"/> | Division/ Section: | <input type="text"/> |
| E-Mail: | <input type="text"/> | Member Type: | <input type="checkbox"/> Renewing Member <input type="checkbox"/> New Member |
| Desk #: | <input type="text"/> | Cell #: | <input type="text"/> |
| | | If renewing, how long have you been a member of PHN? | <input type="text"/> |

Interested in volunteering with PHN? Check all fields you are interested in:

- | | |
|---|--|
| <input type="checkbox"/> COMMUNICATIONS/ MARKETING | Tracks and creates all PHN correspondence, including e-mails, event flyers, and website updates. |
| <input type="checkbox"/> MEMBERSHIP | Processes membership applications and follows up on renewal applications. Membership also develops and implements member recruitment and retention strategies. |
| <input type="checkbox"/> FUNDRAISING/ SPONSORSHIP | Develops and implements fundraising strategies. |
| <input type="checkbox"/> SPECIAL EVENTS | Coordinates and assists with planning and organizing PHN events. |

Membership is effective through June 30, 2025, upon receipt of this form and dues.

Membership Level (A) Annual Fee : \$10

☐ Unit 2 * ☐ Unit 3 ** ☐ Unit 5 *

Membership Level (B) Annual Fee: \$20

☐ Unit 1 ☐ Unit 3 ☐ Unit 4

Membership Level (C) Annual Fee : \$50

☐ Unit 6 ☐ Unit 7 ☐ Unit 8 ☐ City of Phoenix Retiree*

Membership Level (D) Annual Fee: \$100

☐ Middle Manager or Executive

*No EDF for professional memberships ** No EDF available for pay grades below 324

Desired dues payment type:

☐ Employee Development Funds (EDF) ☐ Management Development Funds (MDF) ☐ Cash/ Pay Pal/ Zelle

All membership categories have equal rights and full voting privileges. By signing below, you agree to receive PHN correspondence and become a PHN member.

Signature

Date

Contact phx.hispanic.network@phoenix.gov or visit phoenixhispanicnetwork.org for any questions or concerns.

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How to become a PHN member:

Step #1: Complete this membership application form.

Employee completes the PHN Membership Application Form (Page 1).

Step #2: Pay the annual membership dues.

Here are three ways to pay:

Employee Development Funds (EDF): If using EDF, the employee will complete the "Professional Membership" side of the 'Reimbursement Request Form for Tuition and/or Professional Membership' form.

Please note: Department Head Signature is no longer required.

The Human Resources (HR) Director has been authorized to sign on behalf of the department directors.

Management Development Funds (MDF): If using MDF, the employee will complete the Payment Control Document (PCD) and submit the completed form to the Finance Department, Accounts Payable for payment. Please use vendor number 3018063 to process the PCD.

For membership tracking purposes, please send a copy of the completed Membership Application Form via email to phx.hispanic.network@phoenix.gov.

Pay with Cash/Other: If you do not wish to use EDF or MDF funds, we will accept cash, PayPal, or Zelle payments.


Step #3: Send in your membership application and dues.

| Via Email | Via PayPal | Via Zelle |
|---|---|--|
| If you are able to scan your forms, please just scan your membership form and EDF form and email it to phx.hispanic.network@phoenix.gov | If you prefer to pay using PayPal, please add phx.hispanic.network@phoenix.gov to your contacts. Be sure to note in the memo, "PHN Membership" with the year. Ex: PHN Membership 2024-2025 | If you prefer to pay using Zelle, please add phx.hispanic.network@phoenix.gov to your contacts. Be sure to note in the memo, "PHN Membership" with the year. Ex: PHN Membership 2024-2025 |

Were you referred by someone? If so, please enter their name: _____

Contact phx.hispanic.network@phoenix.gov or visit phoenixhispanicnetwork.org for any questions or concerns.

REIMBURSEMENT REQUEST FORM FOR TUITION AND/OR PROFESSIONAL MEMBERSHIP - EMPLOYEE DEVELOPMENT FUNDS ONLY

| | | | | |
|--|---|--|----------------------------|---------------------------|
|  City of Phoenix | HUMAN RESOURCES DEPARTMENT - HR CONNECTION CENTER 251 WEST WASHINGTON, 1st FLR 602-495-5700 FAX: 602-534-1179 Email: hrc@phoenix.gov | REFER TO THE GUIDELINES ON THE SECOND PAGE OF THIS FORM PRIOR TO COMPLETING (REFER TO AR 2.51). THIS FORM IS NOT TO BE USED FOR MANAGEMENT DEVELOPMENT FUNDS. | | |
| EMPLOYEE ID | EMPLOYEE NAME (LAST, FIRST) | JOB TITLE | DEPARTMENT/DIVISION | WORK/CONTACT PHONE |

I. TUITION REIMBURSEMENT

1. Complete separate form for each class taken
2. Attach Tuition Payment Account History and Grade report
3. Attach Book receipt and Syllabus for book
4. Attach Deferred Payment Plan receipt (if applicable)
5. Sign below

Name of School: _____

Course Code and #: _____ Course Title: _____

Are you receiving financial aid, such as a Pell grant, stipend, scholarship, VA/Military Education Assistance, or tuition assistance of any kind?
☐ Yes ☐ No

If yes, list below any and all current/retroactive sources and the amounts of funding?

 Reimbursement shall be permitted only for eligible expenses **not** covered by the funds listed above.

Tuition \$: _____ Less Tuition Assistance (-)\$: _____ Equals Net Reimbursement (=)\$: _____

Credit Hour(s): _____ Grade: _____ Lab Fee: \$ _____

Book Title: _____ Cost: \$ _____

Deferred Payment Plan Fee: \$ _____

Dates: From _____ To (Class End Date) _____

 Was this course taken to meet a degree requirement? ☐ Yes ☐ No

Degree Program: _____

By signing below, you are indicating that you are in compliance with City of Phoenix AR 2.51. To verify information provided by the employee, the City of Phoenix maintains the right to audit the educational and financial records contained in the employee's file at any educational institution. Any rights that the employee may have pursuant to the Family Educational Rights and Privacy Act of 1974, or any similar act, are waived by requesting tuition reimbursement from the City of Phoenix.

Employee Signature: _____ **Date:** _____

II. PROFESSIONAL MEMBERSHIP

STEP I: Payment Type

| | | |
|---|-----------|---|
| <input type="checkbox"/> Employee Reimbursement (Receipts Required) | OR | <input checked="" type="checkbox"/> Direct Pay to Vendor (\$50 or more) Allow up to 30 days for processing |
|---|-----------|---|

STEP 2: Membership Information

 Organization/Company Name: Phoenix Hispanic Network
IF DIRECT PAY, fill out payee information below:

 Payee's Name: Phoenix Hispanic Network

 Address 200 W. Washington St. 10th Floor

 City Phoenix State AZ Zip Code 85003

STEP 3: Membership Dates and Amount

Membership Amount:

 Start Date: 7/1/2024 End Date: 6/30/2025 \$ _____

STEP 4: Organization Information

☒ Must attach a copy of the membership organization's description, e.g. the "about us" info.
☒ Must attach a copy of the membership fees schedule and dues breakdown.

STEP 5: Direct Pay Requirements

☒ For direct pay to the vendor, attach a completed application/renewal notice or invoice that includes the mailing address and payee information.

By signing below, you are indicating that you are in compliance with City of Phoenix AR 2.51.

Employee Signature:

 X _____ **Date:** _____

Department Head Signature:

 X _____ **Date:** _____

FOR OFFICE USE ONLY

Claim #: _____ Amount: \$ _____

Claim #: _____ Amount: \$ _____

 Verified in-state tuition rates: ☐ Checked by: _____ Date: _____