

Phoenix Hispanic Network Membership Application Form

FY 2025-2026



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: Department:

Position/ Title: Division/ Section:

E-Mail: Member Type: Renewing Member New Member

Desk #: Cell #: If renewing, how long have you been a member of PHN?

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

- COMMUNICATIONS/ MARKETING** Tracks and creates all PHN correspondence, including e-mails, event flyers, and website updates.
- MEMBERSHIP** Processes membership applications and follows up on renewal applications. Membership also develops and implements member recruitment and retention strategies.
- FUNDRAISING/ SPONSORSHIP** Develops and implements fundraising strategies.
- 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 (C) Annual Fee : \$50

Unit 6 Unit 7 Unit 8 City of Phoenix Retiree*

Membership Level (B) Annual Fee: \$20

Unit 1 Unit 3 Unit 4

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 2025-2026 | 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 2025-2026 |

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.

PROFESSIONAL MEMBERSHIP REQUEST FORM - EMPLOYEE DEVELOPMENT FUNDS ONLY



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 |
|-------------|-----------------------------|-----------|---------------------|--------------------|

PROFESSIONAL MEMBERSHIP

STEP I: Payment Type

Employee Reimbursement (**Receipts Required**) **OR** Direct Pay to Vendor (For **\$50 or more**, allow up to 30 days for processing)

STEP 2: Membership Information

Organization/Company Name: _____

STEP 3: Membership Dates and Amount

Start Date: _____ End Date: _____ **Membership Amount:** \$ _____

STEP 4: Attach Required Documentation

- Membership organization's description, e.g. the "about us" info.
- Membership fees schedule and dues breakdown.
- Employee Reimbursement: proof of payment receipt.
- Direct Pay: invoice (preferred) or a completed application/renewal noticed that must include 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:** _____

Send the Reimbursement Request Form with required documentation attached to Human Resources Department. (Choose one method of submission 1, 2 or 3).
 1. Email via scan to hrc@phoenix.gov
 2. Fax to 602-534-0178.
 3. Mail to HR Connection Center, 251 W. Washington Street, Phoenix, AZ 85005

| |
|----------------------------|
| FOR OFFICE USE ONLY |
| Claim #: _____ |
| Amount: \$ _____ |

GUIDELINES FOR REIMBURSEMENT REQUEST FORM

Refer to AR 2.51 for additional information regarding the Employee Development Fund (EDF) program criteria. Eligible employees below the level of Middle Manager must use this form to request Employee Development Funds for Professional Membership reimbursement or direct payment to a vendor for memberships costing \$50 or more.

REQUIRED FORMS AND DOCUMENTATION

PROFESSIONAL MEMBERSHIP

Complete this form if you are requesting reimbursement or direct payment to vendor (if \$50 or more) for annual professional membership dues. Depending on your benefit unit category, EDF maybe eligible for job related organization/association dues directly related to your current city job classification. To use this portion of EDF it requires department head or a designee's approval. The date the submission is received by Human Resources is the fiscal year the funds are applied.

By signing this form you are affirming you are in compliance with city of Phoenix AR 2.51.

To complete this form:

- Must complete the top line of personal information (Employee ID, Name, Job Title, Department and Contact Number).

Step 1: Indicate by checking the appropriate box, Employee Reimbursement or Direct Pay to vendor (must be \$50 or more, if there are multiple employees submitting direct payment requests to the same vendor, those requests can be grouped together to meet the minimum \$50 requirement).

Step 2: Enter the organization/company name of the professional membership association

Step 3: Enter the memberships dates and the amount of the membership annual dues

Step 4: REQUIRED DOCUMENTATION

- Attach copy of the membership organization's description, the "about us" information of the organization.
- Attach copy of the membership fees schedule and dues breakdown

If applicable, Employee Reimbursement:

- Attach proof of payment receipt

If applicable, Direct Payment to Vendor:

- Attach vendor invoice (preferred) or a completed application/renewal noticed that must include mailing address and payee information.

Be sure to sign and date the form and obtain the required approval signature.

Employee reimbursement submissions received by 5 p.m. pay week Friday (payday Friday at 5 p.m.) will make the cut of for the next biweekly paycheck.

Direct payment to vendors submissions can take up to 30 days for processing.

WHERE TO SUBMIT YOUR REQUEST

Send the Reimbursement Request Form with required documentation attached, to Human Resources Department. (Choose one method of submission 1, 2 or 3). Keep copy or originals for your records.

1. Email via scan to hrc@phoenix.gov
2. Fax to 602-534-0178.
3. Mail to HR Connection Center, 251 W. Washington Street, Phoenix, AZ 85005

For email, submissions, scan into a single pdf file the form with all supporting required documentation. To ensure delivery, turn on the Request Delivery Receipt on your device. Do not follow up with duplicate submissions of originals.