

**MARICOPA COUNTY HISPANIC NETWORK
2004
APPLICATION FORM**

NAME _____

TITLE _____ DEPARTMENT _____

HOME ADDRESS _____ CITY _____ STATE _____ ZIP _____

WORK ADDRESS _____ CITY _____ STATE _____ ZIP _____

HOME PHONE _____ WORK PHONE _____

NEW MEMBER or RENEWING MEMBER

MEMBERSHIP CATEGORIES

FULL MEMBER - \$15.00

Open to any Maricopa County employee, provided they subscribe to the goals and objectives of the MCHN. Full Members have voting privileges and may hold an elected office.

ASSOCIATE MEMBER - \$12.00

Open to any individual who is not a Maricopa County employee, provided they subscribe to the goals and objectives of the MCHN. Associate Members may vote and participate in MCHN activities, but may not hold elected office.

STUDENT MEMBERS - \$10.00

Open to undergraduate and graduate level students, provided they subscribe to the goals and objectives of the MCHN. Student Members may vote and participate in MCHN activities but may not hold elected office.

PLEASE SUBMIT THIS APPLICATION FORM TO:

Elena Yñiguez
Office of the CIO
301 W. Jefferson, Suite 420
Phoenix, AZ 85003

Note: Membership renewable each fiscal year. Valid July 1 – June 30.

AMOUNT PAID \$ _____ DATE _____