

ACADEMY OF DENTAL MANAGEMENT CONSULTANTS

Application for Membership

Application is being submitted for: Full Membership Affiliate Membership

PERSONAL DATA:

Name _____ Birthday (mm/dd) _____

Firm Name _____ Position _____

Office Address _____

City _____ State _____ Zip _____ Phone _____

FAX _____ E-Mail _____

Web Site: _____

Home Address _____

City _____ State _____ Zip _____ Phone _____

ADMC Sponsor _____ (Recommendation letter Required)

Relationship to Sponsor _____

Please answer the following questions. The facts surrounding any questions you answer "Yes" to should be explained in detail on a separate sheet.

1) Please describe your business philosophy:

2) What do you expect to gain from your involvement with the Academy?

3) Years consulting: _____ yrs. % of income derived from dental consulting: _____ %.

4) I have attached two letters of reference from the client names listed below:

A. _____

B. _____

5) Please list 3 personal references:

| Name | Relationship | Phone # |
|------|--------------|---------|
| | | |
| | | |
| | | |

6) Are you interested in serving on the board or on committee(s) Yes No

7) What other company, product, or service do you represent?

8) Do you receive any commissions or royalties from any other company for promotional endorsements, or otherwise? Yes No If "Yes" please explain.

9) Are you presently charged with or have you ever been convicted or found guilty of any felony or misdemeanor directly related to your management consulting practice? Yes No

10) Are you presently, or have you during the last five years been the subject of any civil legal action directly related to your management consulting practice? Yes No

11) Are you presently, or have you during the last five years been the subject of a consumer complaint filed with any state or federal consumer protection agency, such as a state Better Business Bureau? Yes No

12) Have you ever filed bankruptcy or received a Small Claims Judgment against you that financially affected vendors or clients? Yes No

13) Are you presently, or have you during the last five years been the subject of any disciplinary action by a management consulting professional association? Yes No

I have read the membership criteria and to the best of my knowledge, my experience complies with ADMC's membership standards. I have also read the ADMC Code of Ethics and agree to adhere to the standards. The information on this application is true and correct to the best of my knowledge. Further, I understand that any information found to be false now or in the future will result in dismissal from the Academy.

APPLICANTS SIGNATURE _____ **DATE** _____

Please return this application, along with **non-refundable application fee of \$50, bio and photo on disk or CD.**

TO : The Academy of Dental Management Consultants, P.O. Box 1270, Los Alamitos, CA 90720-0460

| ACADEMY USE ONLY | | | |
|--------------------------|------------------------------|-----------------------------|---|
| Application fee received | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Sponsor <input type="checkbox"/> |
| Board Approval | <input type="checkbox"/> | Date Approved _____ | References <input type="checkbox"/> Sent Membership Packet _____ |

Membership Criteria- Full Membership & Affiliate Membership

Full Membership

1. Membership consists of individual members, not firms.
2. Not less than three years full time earning your primary income (minimum 80%) through dental consulting services.
3. Sponsorship by an ADMC member in good standing.
4. Two client reference letters **ENCLOSED WITH APPLICATION**.
Letters must be originals on office letterhead and signed by your client.
5. Written statement of philosophy regarding your consulting services.
6. A statement of what you expect to gain from your involvement with the Academy.
7. Payment of application fee.
8. Upon recommendation of the membership committee the applicant will be voted into the membership of the Academy at the board of directors meeting.
9. Ability to attend a minimum of one ADMC education meeting every two (2) years.

Affiliate Membership

All requirements of Full Membership with the following exceptions:

1. An affiliate member may have less than three years full time consulting, but must still be earning primary income (minimum 80%) through full time dental consulting.
2. Affiliate member will not have voting rights and can not attend “members only” meetings or board meetings.
3. After consulting full time for 3 years, the Affiliate member will be granted full member status upon re-verification if qualifications.

Code of Ethics

1. *ETHICS*

A. Guidelines for dealing with clients.

1. Maintain client confidentiality.
2. Required client disclosure:
Income, finders fees or incentives derived from any product or service recommended to the client will be fully disclosed in advance.
3. Have high standards, display integrity and be honest towards each assignment. Never compromise quality for quantity in your work.

B. Guidelines for dealing with other consultants.

1. We will not violate or plagiarize a colleagues material, seminar or workbook titles without permission. Material shared will be identified and its source properly credited to clients.
2. Members are encouraged to maintain a sense of caring and help towards each other.
3. We encourage every consultant to advise a client who is actively working with another consultant to disclose of his/her desire to change.

Guest Guidelines

In fairness to members in good standing who pay yearly dues as well as meeting fees, the ADMC Board of Directors has approved GUEST STATUS guidelines as follows:

1. Guest must be sponsored by member in good standing of ADMC.
2. ADMC sponsor is responsible for conduct of guest during the meeting.
3. ADMC sponsor is responsible for determining if the guest has a high possibility of meeting our MEMBERSHIP STANDARDS at the time of attendance or in the near future.
4. There is an additional charge for non-members.
5. Maximum of two meetings can be attended prior to becoming a member.
6. Guests are not permitted to display, distribute or promote any services or products they may have or be involved in before, during or after the meeting.



MEMBERSHIP DIRECTORY INFORMATION

In anticipation of your new membership, please provide us with the following information for our membership directory. The information needs to be in a Microsoft Word document and submitted with your completed application on disk or CD.

1. BIOGRAPHICAL SYNOPSIS (approx 50 words)

Please include:

Name:

Business Name:

Business Address:

Business Phone:

FAX Phone:

E-Mail:

Web Site:

Biographical synopsis should include:

Years consulting, company philosophy, specialties, other memberships, journals in which you are published, meetings you speak for, and regions in which your services are provided. (You may refer to current directory for examples if you wish.)

2. PHOTO On disk or CD in jpg format.

NOTE: PLEASE SUBMIT BIO AND PHOTO IN SEPARATE FILES.