



Application is being submitted for: (See back page for membership level definitions)

- Full Membership (annual dues \$895) Associate Membership (annual dues \$716)

Name Birthday Firm Name Position Business Address City State Zip Phone Fax Email Website Home Address City State Zip Phone ADMC Sponsor 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:

Two horizontal lines for answer 1

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

Two horizontal lines for answer 2

3) Years consulting: years

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

- A. B.

5) Please list 3 professional references:

Table with 3 columns: Name, Relationship, Email

- 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.

APPLICANT'S SIGNATURE _____ DATE _____

Please return this application form, current member sponsorship letter, two letters of recommendation from current clients bio and JPG photo to info@admc.net. Please also send a non-refundable application fee of \$50 to: ADMC, 18104 Howling Wolf Run Parrish, FL 34219. If you prefer to pay by credit card please request an online invoice when submitting your application. Any questions, please call Bonnie Pugh at 1-443-676-1671. Thank you.

ACADEMY USE ONLY

Application fee received Yes No Sponsor References
Board Approval Date Approved _____ Sent Membership Packet _____

- 1) Do you have 3+ years' experience in dental consulting/speaking with 50% or more of your income coming from this career? Yes No
- If yes, you should apply for **Full Membership**
- 2) Do you have less than 3 years' experience in dental consulting/speaking or have less than 50% of your income coming from this career? Yes No
- If yes, you should apply for **Associate Membership**

FULL MEMBERSHIP

- Membership consists of individuals who work with multiple clients either as an independent or group consultant/speaker, for a minimum of three years in the dental industry, with 50% of the applicant's income derived from such.
- Must submit the following:
 - A sponsorship letter written by an ADMC member in good standing.
 - Completed application with application fee.
 - Two client reference letters enclosed with application. Letters must be originals on office letterhead and signed by the applicant's client.
 - Written statement of philosophy regarding the applicant's consulting services.
 - A statement of what the applicant expects to gain from their involvement with the ADMC.
 - Payment of application fee.
- The applicant will be voted into the membership of the ADMC by a majority vote of board of directors.
- Must attend a minimum of one ADMC meeting every three (3) years.
- Will have full voting rights.
- Will be listed on the ADMC website if applicant remains in good standing.

ASSOCIATE MEMBERSHIP

- Individual members who have less than three (3) years' experience in the dental industry as a consultant/speaker or makes less than 50% of their revenue from the dental industry or is an employee of a Full Member.
- Must submit the following:
 - A sponsorship letter written by an ADMC member in good standing.
 - Completed application with application fee.
 - Two client reference letters enclosed with application. Letters must be originals on office letterhead and signed by the applicant's client.
- The applicant will be voted into the membership by a majority vote of the ADMC Board of Directors.
- Must attend a minimum of one ADMC meeting every three (3) years.
- Associate members have no voting rights.
- Associate members may not attend the members only session at the annual meeting.
- Associate members may not run for elected positions on the Board of Directors.