



**Application is being submitted for:
(See below for membership level definitions)**

Select Membership Level: Name: Birthday (mm/dd):

Firm Name: Position:

Business Address:

City: State: Zip: Phone:

Fax: Email: Website:

Home address (if you want this used for mailing):

City: State: Zip: Phone:

ADMC Sponsor: (Recommendation letter required)

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 experience in the dental industry.

2. Are you currently consulting? Yes No

3. What do you expect to gain from your involvement with the Academy?

4. Are you interested in serving on the board or on committee(s)? Yes No

5. What other company, product, or service do you represent?

6. Do you receive any commissions or royalties from any other company for promotional endorsements, or otherwise? Yes No

7. 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

8. 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

9. 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

10. Have you ever filed bankruptcy or received a Small Claims Judgement against you that financially affected vendors or clients?
 Yes No

11. 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.

Signature Field

Date Field

Please return this application form, current member sponsorship letter, JPG photo and your current bio to info@admc.net. An application fee invoice of \$50 will be sent when the application is received.

ACADEMY USE ONLY

Application fee received: Yes No

Sponsor

References

Board Approval

Date Approved

Sent Membership Packet

Influencer Member

- Industry experience of 0-1 years or more
- Access to newsletters and all online resources
- Website Profile
- May attend for 2 consecutive years at this level
- Attendance of the annual meeting not included
- May attend any Connect Meetings during this membership
- No voting rights

Innovator Member

- Industry experience of 1-3 years or more
- Access to newsletters and all online resources
- Website Profile
- Will have full voting rights
- Must attend a minimum of one ADMC meeting every two (2) years
- Attendance of the annual meeting not included
- May serve on a committee under a director
- May attend any Connect Meetings during this membership

Visionary Member

- Industry experience of a minimum of 4 years or more
- Consulting experience of 4+ years or more
- Access to newsletters and all online resources
- Website Profile
- Must attend a minimum of one ADMC meeting every two (2) years
- Attendance of the annual meeting not included
- Will have full voting rights
- May attend or host any Connect Meetings during this membership
- May speak at the annual meeting
- If you haven't already served, member is encouraged to serve on the board of directors or committees
- Agrees to participate in mentorship programs at annual meetings or throughout the year. (i.e. teaching a class or hosting a new member)