



Hinman Dental Society Nomination Form

Please Review the Following Information with a prospective member before sending in nomination form to make sure they meet the requirements of members of the Hinman Dental Society.

Benefits of Membership:

- Automatic registration to the Hinman Meeting yearly (\$170 value).
- Three opportunities throughout each year for continuing education and networking through Hinman membership meetings at a rate subsidized by the Board of Trustees
- Invitation to the Hinman Annual Meeting, which is a relaxing opportunity for Hinman members and their families to get to know other members and their families. This event is offered at a subsidized rate.
- Opportunity to be a part of a network of 800+ local dentists.

Responsibilities and Requirements of Members:

- Members must be a member of the American Dental Association**
- Members must be in good standing with the Georgia Board of Dentistry.**
- Hinman members are **expected to work** a minimum of 8 hours at the **Hinman Dental Meeting** and attend their respective committee meeting prior to their work shift.
- Hinman member should review the Hinman policy regarding Advertising with the prospective member **(current advertising is collected and considered in the membership process):**

Hinman members should adhere to Hinman's high standards in any media publications consistent with the ADA Principles of Ethics and Code of Professional Conduct, which states:

Advertising. *Although any dentist may advertise, no dentist shall advertise or solicit patients in any form of communication in a manner that is false or misleading in any material respect, which includes but is not limited to these examples of false or misleading material: a) contain a material misrepresentation of fact, b) omit a fact necessary to make the statement considered as a whole not materially misleading, c) be intended or be likely to create an unjustified expectation about results the dentist can achieve, and d) contain a material, objective representation, whether express or implied, that the advertised services are superior in quality to those of other dentists, if that representation is not subject to reasonable substantiation.*

I, _____ have reviewed the benefits and requirements for members of
Hinman Member
the Hinman Dental Society with _____ and would like to nominate this
Prospective Member
dentist for membership in the society.

Hinman Member Signature

Date

Prospective Member Name: _____

Prospective Member ADA Number (must be current member of the ADA): _____

Mailing Address: _____

Phone Number: _____

An application with further instructions will be mailed to the prospective member during the next membership acceptance period (4 times yearly corresponding with Membership Meetings in January, June, Sept. and Nov.).

Please send this completed form back to the Hinman office either by fax (404-231-9638), email to jsarvis@hinman.org or mail to 33 Lenox Pointe NE Atlanta, GA 30324.