



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 (\$195 value).
- Three opportunities each year for continuing education and networking at 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.
- Members must attend at least one Membership Meeting each year (January, September or November)
- 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 members should review the Hinman Bylaw regarding Advertising. It states: *The Society encourages the use of only informational advertising. The Society encourages its members to refrain from any use of comparable or competitive advertising.*
Please submit copies of all print and online advertisements along with this nomination form.

NEW:

- **As the primary sponsor, please write a letter of recommendation for the prospective member to submit with this nomination form. *See guidelines on page 2 of this document.**
- **The prospective member is required to attend a Hinman membership meeting as your guest prior to being inducted in the Hinman Dental Society. All new member inductions are scheduled to take place at the January Membership Meeting. Please plan to bring this prospective member to either the September or November Membership Meeting and introduce your guest to as many Hinman members and officers as possible.**

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: _____

Prospective Member Website: _____

An application with further instructions will be mailed to the prospective member during the next membership acceptance period.

Please send this completed form, along with copies of print and online advertisements and a letter of recommendation 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.

Guidelines for Letter of Recommendation

Please address the following points in your letter of recommendation:

- How long have you known this applicant?
- In what capacity do you know this applicant?
- Why do you think this applicant would be a good addition to the Hinman membership?