



medical technology
ASSOCIATION OF NEW ZEALAND

2017/2018 Membership Application Form

Membership of the Medical Technology Association of New Zealand (MTANZ) is available to companies who are actively involved in the medical technology industry (as determined by the criteria for membership under the MTANZ Rules).

This application form is to be completed *in full* and returned to MTANZ via email to admin@mtanz.org.nz or post to P.O. Box 74116 Greenlane Central, Auckland 1546.

Company Details

Company Name: _____

Country of Ownership: _____

Street Address: _____ **Post Code** _____

Postal Address: _____ **Post Code** _____

Main Phone: _____ **Fax No:** _____ **website:** _____

Principal Activities

What are the principal activities of your company in New Zealand? (*please tick all that apply*)

- | | |
|---|---|
| <input type="checkbox"/> Importer of medical device products | <input type="checkbox"/> NZ manufacturer of medical device products |
| <input type="checkbox"/> Importer of IVD products | <input type="checkbox"/> NZ exporter of medical device products |
| <input type="checkbox"/> Importer of diagnostic imaging equipment | <input type="checkbox"/> NZ manufacturer of IVD products |
| <input type="checkbox"/> Importer of dental products | <input type="checkbox"/> NZ exporter of IVD products |
| <input type="checkbox"/> Research & Development of devices | <input type="checkbox"/> Commercialization of medical devices |

Employees & Company Turnover

How many people does your company employ in New Zealand? **Total** _____

What is your company turnover in New Zealand and/or export?

Total \$ _____ **Export Total \$** _____

Membership Fees

Annual membership fees are due for payment 1 April 2017. (Membership fees can be paid in quarterly instalments).

Annual Fees for 2017/2018..... \$ _____ **(as per schedule)**

**Staff Contact Details - for inclusion in database to receive MTANZ notifications
(please include on separate sheet if necessary)**

Name _____ Work Position _____

Email Address _____

Name _____ Work Position _____

Email Address _____

Nomination

All applications for membership of MTANZ must be nominated by a current MTANZ member.

Nominated by (company name): _____

I support the application of (company name): _____

Signature _____

Authorised Representative

Every member must appoint a person as their Authorised Representative and who is authorised to vote on behalf of the member at a general meeting

Please nominate your 2017/2018 Authorised Representative:

Title: _____ **First:** _____ **Surname:** _____ **Position:** _____

Direct phone: _____ **Mobile:** _____ **Email:** _____

Declaration

I (name) _____ Authorised Representative of
(company name) _____

Hereby apply for membership to the Medical Technology Association of New Zealand for 2017/2018. As a member of MTANZ, I confirm that the company will:

- a) abide by the Rules of the Medical Technology Association of New Zealand
- b) abide by the MTANZ Code of Practice

Signature: _____ **Date:** _____

