



## **2018/2019 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:** \_\_\_\_\_

**Trading Name:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_ **Post Code** \_\_\_\_\_

**Postal Address:** \_\_\_\_\_ **Post Code** \_\_\_\_\_

**Main Phone:** \_\_\_\_\_ **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"/> Commercialisation 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 2018. (Membership fees can be paid in quarterly instalments).

**Annual Fees for 2018/2019** \$ \_\_\_\_\_ ( **Level 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 2018/2019 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 2018/2019. 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:** \_\_\_\_\_