



Associate membership of the Medical Technology Association of New Zealand (MTANZ) is available to persons, firms or companies who have sufficient commonality of interest with the Society Members. Associate members are invited to join MTANZ by invitation of the Executive Board.

Associate members are not entitled to vote on any question or be elected to the Executive Board. 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: _____ Email: _____

Website: _____

Principal Activities

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

☐ Consultant

☐ Service Provider

☐ Other

☐ Technician

Employees & Company Revenue

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

What is your annual company revenue? **Total \$** _____

Staff Contact Details

For inclusion in the 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: _____

Associate Membership Fees

Annual membership fees are due for payment 1 April 2024.

Annual Fees for 2025-2026 are \$1,545 +GST

Accounts Email Address: _____

Declaration

I (name) _____ Authorised Representative of

(company name) _____

Hereby apply for membership to the Medical Technology Association of New Zealand for 2025-2026. 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 Ethics

Signature: _____ Date: _____



medical technology
ASSOCIATION OF NEW ZEALAND