



# 2010/11 Associate Membership Application Form

Associate Membership of the Medical Technology Association Australia Limited (ABN 61 129 334 354) is available to organisations who support 'medical technology' activities in Australia but not actively operating a 'medical technology' business in Australia (as defined in the MTAA constitution).

This form is to be *completed in full* and returned to MTAA via fax on (02) 9900 0655 or by post to: PO Box 2016, North Sydney NSW 2059.

## Primary Organisation Details

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

**ABN:** \_\_\_\_\_ **Date of Incorporation:** \_\_\_/\_\_\_/\_\_\_ **Listed or Private** (circle)

**Country of Ownership:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_ **Suburb:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Postcode:** \_\_\_\_\_

**Postal Address:** \_\_\_\_\_ **Suburb:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Postcode:** \_\_\_\_\_

**Main Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_ **Web:** \_\_\_\_\_

## Principal Activities

What are the principal activities of your organisation in Australia? *Please tick  all that apply*

- |   |   |
|---|---|
| <input type="checkbox"/> Advertising & Marketing      | <input type="checkbox"/> Legal Services                 |
| <input type="checkbox"/> Clinical Information Systems | <input type="checkbox"/> Logistics & Transport          |
| <input type="checkbox"/> Clinical Trials              | <input type="checkbox"/> Professional Development       |
| <input type="checkbox"/> Contract Regulatory Services | <input type="checkbox"/> Recruitment/Personnel Services |
| <input type="checkbox"/> Consulting Services          | <input type="checkbox"/> Research & Development         |
| <input type="checkbox"/> Data Management              | <input type="checkbox"/> Sterilizing Services           |
| <input type="checkbox"/> Health Economics             | <input type="checkbox"/> Other _____                    |
| <input type="checkbox"/> Health Outcomes              |   |



## Nomination of Authorised Representative

Each associate member should appoint a person (either a partner, director or executive officer) as their authorised MTAA contact person for all formal correspondence from MTAA Ltd.

Please nominate your 2008/09 Authorised Representative:

Title: \_\_\_\_\_ First: \_\_\_\_\_ Surname : \_\_\_\_\_ Position: \_\_\_\_\_

Direct phone: \_\_\_\_\_ Mobile: \_\_\_\_\_ Email: \_\_\_\_\_

## Declaration

I (name) \_\_\_\_\_, being the CEO, Managing Director or Senior Delegate of

(company name) \_\_\_\_\_

hereby apply for my company's membership to the Medical Technology Industry of Australia Ltd for 2009/10.

As an associate member of MTAA Ltd, I confirm that the company and its employees will:

- a) abide by the Constitution of the Medical Technology Association of Australia Ltd; and;
- b) abide by the MTAA/MIANZ Code of Practice.

I certify that the *total* staff employed by my organization at 30 June 2010 is \_\_\_\_\_ and my annual subscription fees will be payable calculated on this number.

**Signature of the CEO or MD** \_\_\_\_\_ **Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Signature of**  
**Authorised Representative** \_\_\_\_\_ **Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_