



Associate Membership Application Form

Associate Membership of the Medical Technology Association of Australia Limited (MTAA) (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).

Primary Organisation Details

Organisation name: _____

ABN: _____

Date of incorporation: _____ Listed / Private (Please circle)

Country of ownership: _____

Street address: _____

Suburb: _____

State: _____ Postcode: _____

Postal address: _____

Suburb: _____

State: _____ Postcode: _____

Main phone: _____

Fax: _____

Office email: _____

Web: _____

Principal Activities

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

- Business Development Consultants
- Clinical Investigations
- Consulting Services
- Government Agency
- Legal Services
- Professional Development
- Recruitment / personnel services
- Regulatory Consultant for medical technology supplied in Australia
- Regulatory Consultant for medical technology supplied overseas
- Reimbursement & Health Economics
- Research & Development

Other: _____

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 Limited.

Please nominate your Authorised Representative:

Title: _____ First name: _____

Last name: _____

Position: _____

Direct phone: _____

Mobile: _____

Email: _____

Signature of CEO or MD: _____

Name: _____ Date: _____

Declaration

I (name) _____
being the CEO, Managing Director or Senior Delegate (Please circle) of
_____ (company name)
hereby apply for my company's associate membership to the Medical
Technology Association of Australia Limited.

As an Associate Member of MTAA Limited, I confirm that the company and its employees will:

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

I certify that the *total* staff employed by my
organisation at 30 June 20__ is _____
and my annual subscription fees will be payable calculated on this number.

Signature of Authorised Representative: _____

Name: _____ Date: _____