

Membership of the Medical Technology Association Australia Limited (MTAA) (ABN 61 129 334 354) is available to organisations which are actively involved in operating a medical technology company 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: \_\_\_\_\_

## Subsidiary Companies (Please attach a separate sheet if necessary)

Subsidiary Company Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Suburb: \_\_\_\_\_  
 State: \_\_\_\_\_  
 Postcode: \_\_\_\_\_  
 Main phone: \_\_\_\_\_  
 Fax: \_\_\_\_\_  
 Office email: \_\_\_\_\_  
 Web: \_\_\_\_\_

## Employees

How many people does your organisation employ in Australia?

Total: \_\_\_\_\_ Manufacturing: \_\_\_\_\_ R&D: \_\_\_\_\_  
 Sales & Marketing: \_\_\_\_\_ Regulatory: \_\_\_\_\_ Other: \_\_\_\_\_

## Clinical Focus

What is the clinical focus of your organisation in Australia?  
Please tick  all that apply

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Anaesthesiology      | <input type="checkbox"/> Geriatric medicine         | <input type="checkbox"/> Pathology      |
| <input type="checkbox"/> Audiology            | <input type="checkbox"/> Infection control          | <input type="checkbox"/> Rehabilitation |
| <input type="checkbox"/> Cancer               | <input type="checkbox"/> Musculoskeletal conditions | <input type="checkbox"/> Respiratory    |
| <input type="checkbox"/> Cardiovascular       | <input type="checkbox"/> Neurology                  | <input type="checkbox"/> Surgical       |
| <input type="checkbox"/> Critical care        | <input type="checkbox"/> Obesity                    | <input type="checkbox"/> Urology        |
| <input type="checkbox"/> Diabetes             | <input type="checkbox"/> Ophthalmology              | <input type="checkbox"/> Wound care     |
| <input type="checkbox"/> Dialysis             | <input type="checkbox"/> Orthopaedics               |   |
| <input type="checkbox"/> eHealth / telehealth |   |   |

## Business Type

What type of business is your organisation? Please tick  all that apply

- Exporter of medical technology  
 Importer of medical technology as subsidiary of multinational company  
 Manufacturer of medical technology in Australia  
 Research & Development conducted primarily in Australia  
 Supplier of medical technology manufactured in Australia  
 Third party independent importer of medical technology

## Medical Technology

What are the principal products supplied or manufactured by your company in Australia? Please tick  all that apply

- |  |  |
|--|--|
| <input type="checkbox"/> Anaesthetic equipment                                     | <input type="checkbox"/> Monitoring devices                                    |
| <input type="checkbox"/> Beds, ward equipment                                      | <input type="checkbox"/> Nanotechnology  |
| <input type="checkbox"/> Cardiovascular bypass products                            | <input type="checkbox"/> Operating theatre equipment                           |
| <input type="checkbox"/> Cardiovascular products (other)                           | <input type="checkbox"/> Ophthalmic surgical equipment, appliances & implants  |
| <input type="checkbox"/> Clinical investigations                                   | <input type="checkbox"/> Orthopaedic surgical equipment, appliances & implants |
| <input type="checkbox"/> Contact lenses / lens care products                       | <input type="checkbox"/> Pathology   |
| <input type="checkbox"/> Continence aids   | <input type="checkbox"/> Prosthesis (all types)                                |
| <input type="checkbox"/> Contract regulatory services                              | <input type="checkbox"/> Prosthesis, surgically implanted                      |
| <input type="checkbox"/> Contract sterilizing services                             | <input type="checkbox"/> Pumps - chemo/insulin/IV/pain mgt                     |
| <input type="checkbox"/> Critical care & resuscitation equipment                   | <input type="checkbox"/> Regulatory consultants (Aus)                          |
| <input type="checkbox"/> Diagnostic & monitoring instruments / equipment           | <input type="checkbox"/> Regulatory consultants (overseas)                     |
| <input type="checkbox"/> Diagnostic imaging  | <input type="checkbox"/> Rehabilitation & independent living equipment         |
| <input type="checkbox"/> Dialysis products & equipment                             | <input type="checkbox"/> Reprocessing services                                 |
| <input type="checkbox"/> Disinfectants (instrument grade)                          | <input type="checkbox"/> Respiratory   |
| <input type="checkbox"/> Dressings, wound care products                            | <input type="checkbox"/> Sharps, syringes, needles                             |
| <input type="checkbox"/> Endoscopic  | <input type="checkbox"/> Sharps, syringes, needles & disposal containers       |
| <input type="checkbox"/> Hearing impaired equipment, products and implantables     | <input type="checkbox"/> Spinal/neurological equipment, appliances & implants  |
| <input type="checkbox"/> Human/animal origin products                              | <input type="checkbox"/> Sterilization   |
| <input type="checkbox"/> Imaging equipment   | <input type="checkbox"/> Stoma care products                                   |
| <input type="checkbox"/> Importer diagnostic imaging equipment                     | <input type="checkbox"/> Surgical consumables                                  |
| <input type="checkbox"/> In vitro diagnostic equipment                             | <input type="checkbox"/> Surgical products - general                           |
| <input type="checkbox"/> In vitro diagnostic reagents & tests (eg gloves, condoms) | <input type="checkbox"/> Trauma  |
| <input type="checkbox"/> Infection control products                                | <input type="checkbox"/> Urology products (excluding dialysis)                 |
| <input type="checkbox"/> Laproscopic   |  |
| <input type="checkbox"/> Mobility aids   |  |

## Nomination of Authorised Representative

Every member must appoint a person (either a partner, director or executive officer) as their Authorised Representative who is authorised to vote on behalf of the member at a general meeting of 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 Authorised Representative of \_\_\_\_\_  
 (company name) \_\_\_\_\_  
 hereby apply for membership to the  
 Medical Technology Association of Australia Limited for \_\_\_\_\_

As a member of MTAA Limited, I confirm that the company will:

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

I hereby certify that the total Australian turnover on the sale of medical technology products in the financial year ending 30 June 20\_\_ is \$ \_\_\_\_\_

I acknowledge that the annual subscription fee will be calculated on this amount.

Australian sales \$ \_\_\_\_\_ /YR Export sales \$ \_\_\_\_\_ /YR

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