Medical Technology Association of New Zealand
Level 3, Carlton Gore Road,
Newmarket, Auckland 1023

2026-2027 Membership Application

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

Company Details

Legal Company Name:_____

Trading Name:_____

Country of Ownership:_____

Billing Address:_____

Main Phone:_____Website:_____

Principal Activities

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

- ☐ Importer of medical device products
- ☐ Importer of IVD products
- ☐ Importer of diagnostic imaging equipment
- ☐ Importer of dental products
- ☐ Research & Development of devices
- ☐ NZ manufacturer of medical device products
- ☐ NZ exporter of medical device products
- ☐ NZ manufacturer of IVD products
- ☐ NZ exporter of IVD products
- ☐ Commercialisation of medical devices

Employees & Company Turnover

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

What is your total company turnover in New Zealand and/or export?

NZ $ _____ Export $_____

Membership Fees

Annual membership fees are current from 1 April to 31 March each year.

Annual Fees for 2026-2027 $ _____ (Level as per schedule)_____

Accounts Email Address: _____

Staff Contact Details

For inclusion in the database to receive MTANZ newsletters (please include on separate sheet if necessary).

Name:_____ Name:_____

Email Address:_____ Email Address:_____

Name:_____ Name:_____

Email Address:_____ Email Address:_____

Nomination

All applications for membership of MTANZ must be nominated by a current MTANZ member.

I (name)_____ Authorised Representative of

(company name)_____

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 Authorised Representative:

Full Name:_____ Position:_____

Phone:_____ Email:_____

Declaration

I (name)_____ Authorised Representative of

(company name)_____

Hereby apply for membership to the Medical Technology Association of New Zealand.
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:_____