# INSTRUCTIONS FOR COMPLETION

# (Please complete the checklist below)

* **Review** the *Pathology Technology Australia Membership Information* on the Pathology Technology Australia Website prior to completing this form
* **Read** the *Pathology Technology Australia Code of Conduct*
* **Complete** all information required for your application
* **Return** to Pathology Technology Australia at [info@pathologytechnology.org.au](mailto:info@pathologytechnology.org.au)

*Pathology Technology Australia respects and is committed to maintaining the privacy of all members. All information provided will be used in accordance with relevant privacy legislature and is understood to be provided on a commercial in confidential basis.*

*Applicants can elect to have their details displayed on the Pathology Technology Australia website and supplied to relevant third parties. Pathology Technology Australia reserves the right to audit any information provided by an applicant, or to request further documentation if required.*

If you need assistance with completing this application form, please [email](mailto:ceo@pathologytechnology.org.au?subject=Query%20in%20regards%20to%20Pathology%20Technology%20Australia%20Membership) or call Dean Whiting (CEO) on 0497 777 688

# MEMBERSHIP TYPE

Please indicate the Membership Class you are applying to:

Member  Associate Member

# REGISTRATION AND OWNERSHIP

Company Name: Click here to enter text.

Trading Name(s): Click here to enter text.

ABN / ACN: Click here to enter text.

Year of Incorporation: Click here to enter text.

Postal Address: Click here to enter text.

Street Address: Click here to enter text.

Website: Click here to enter text.

Phone: Click here to enter text.

CEO / Manager’s Name: Click here to enter text. Position Title: Click here to enter text.

CEO / Manager’s E-mail: Click here to enter text.

CEO / Manager’s Mobile: Click here to enter text.

EA or PA E-mail: Click here to enter text.

Is your company a wholly or partly owned subsidiary of an overseas trading enterprise?

Yes  No

If Yes, please provide Company details below:

Parent Company Name: Click here to enter text.

Country of Registration: Click here to enter text.

# IN-VITRO DIAGNOSTIC BUSINESS FOCUS

Associate Members do not need to complete this section.

## BUSINESS FUNCTIONS

Manufacture (in Australia)  Import

Export  Sponsor

Research & Development (in Australia)  Consultant

Wholesale & Distribution  Wholesale & Distribution (Third Party only)

## CLINICAL APPLICATIONS

Molecular Diagnostics  Haematology

Cellular Analysis  Anatomical Pathology

Microbiology  Clinical Chemistry

Immuno Assay  Urinalysis

Immuno-Haematology  Flow Cytometry

Haemostasis  Nucleic Acid Testing

Infectious Diseases  Genomics

## END-USERS

Point of Care  Patient self-testing

Private Laboratories  Public Laboratories

## EMPLOYEES

How many people does your organisation employ in Australia?

**Total:** Click here to enter text.

Regulatory Affairs: Click here to enter text.

R&D: Click here to enter text.

Manufacturing: Click here to enter text.

Sales & Marketing: Click here to enter text.

Admin: Click here to enter text.

Other: Click here to enter text.

# CONTACTS

### Authorised Representative\* Contact Details

Contact Name: Click here to enter text.

Contact Position: Click here to enter text.

Contact E-mail: Click here to enter text.

Contact EA/PA E-mail: Click here to enter text.

Contact Mobile: Click here to enter text.

### Additional Contact Details

**Regulatory Affairs / Other** Click here to enter text.

Title: Choose an item.

Contact Name: Click here to enter text.

Contact Position: Click here to enter text.

Contact E-mail: Click here to enter text.

Contact Mobile: Click here to enter text.

**Manufacturing / R&D / Other** Click here to enter text.

Title: Choose an item.

Contact Name: Click here to enter text.

Contact Position: Click here to enter text.

Contact E-mail: Click here to enter text.

Contact Mobile: Click here to enter text.

**Sales & Marketing / Other** Click here to enter text.

Title: Choose an item.

Contact Name: Click here to enter text.

Contact Position: Click here to enter text.

Contact E-mail: Click here to enter text.

Contact Mobile: Click here to enter text.

If you would like to have additional contacts to receive Pathology Technology Australia news and information, please attach a list.

***\**** *The Authorised Person should be a senior executive officer of the organisation, i.e. Executive Director, Managing Director, CEO etc. This person is authorised to vote at a general meeting of Pathology Technology Australia.*

# NET ANNUAL REVENUE

Please note: the definitions and parameters used to determine your net annual revenue can be found in the Pathology Technology Australia Membership Information on our website or in the Membership Information Pack.

Associate Members do not need to complete this section.

Please note: your turnover declaration should be completed and emailed to [pta@nexiasydney.com.au](mailto:pta@nexiasydney.com.au) .

#### PLEASE DO NOT SEND PAYMENT WITH YOUR APPLICATION

A tax invoice will be emailed to your nominated email address following approval and receipt of your turnover declaration by Nexia.

# PUBLISHING / SHARING OF COMPANY DETAILS

In recognition of your support, all Pathology Technology Australia Member company names, logos and URLs are made available on our website. If you do not wish for your business to appear, please tick below:

Do not show my business name on the Pathology Technology Australia website.

Please attach your company logo here if you would like to have it displayed on our website:



Pathology Technology Australia's Associate Members supply specialist services to our members. If you would like a specific person in your business to be contacted by our Associate Members, please provide contact details here:

Contact Name: Click here to enter text.

Contact Position: Click here to enter text.

Contact E-mail: Click here to enter text.

If you do not wish for your business to be contacted directly, please tick here:

Do not share my business details with Associate Members of Pathology Technology Australia.

## DECLARATION AND SIGNATURE

I, Click here to enter text., being the Authorised Representative of Click here to enter text., hereby apply for membership of Pathology Technology Australia Limited.

I confirm that I have read and understood the Pathology Technology Australia Membership Information prior to completing this application.

I understand that the information submitted within this application has been provided on a confidential basis and will not be used by Pathology Technology Australia for purposes other than building a profile of the IVD industry generally, any other use will be pre-approved by my company.

I confirm that I have read and understood the Pathology Technology Australia Code of Practice and, on behalf of the applicant, declare that the applicant agrees to operate in accordance with the Pathology Technology Australia Code of Practice.

I acknowledge that all members of Pathology Technology Australia are obliged to comply with the Pathology Technology Australia Constitution at all times, and that failure to do so may result in the termination of membership.

I acknowledge that the information given within this application will be used to determine the correct category and fee of Pathology Technology Australia Membership. Should this information change, I acknowledge that an increase or decrease in membership fees may result.

I declare that the information provided in this application is true and complete and understand that Pathology Technology Australia reserves the right to vary or reverse any decision on Pathology Technology Australia membership based on incomplete or incorrect information.

Company Name: Click here to enter text.

Name: Click here to enter text.

(Authorised Representative)

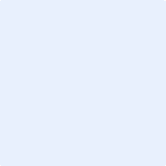
Date: Click here to enter a date.

You can enter your name as your signature or click the graphic below to paste your scanned signature.

Alternatively, please print, sign, scan and email.

Signature: Click here to enter text.





Thank you for your membership application to Pathology Technology Australia. This will now be assessed, and you will receive notice of the outcome within 10 working days of receipt.