



AMMDA

Australian Medical Manufacturers
& Distributors Association INC.

MEMBERSHIP APPLICATION FORM

Private Listed Company Application:

Company Name:

ABN:

Location

Street:

Suburb:

State:

Post Code:

Postal Address:

Phone:

Fax:

Email:

Contacts:

Company Contact:

Company Director:

Company GM:

Subsidiary Company Application:

Subsidiary Name:

Location

Street:

Suburb:

State:

Post Code:

Postal Address:

Phone:

Fax:

Email:

Primary Business Focus:

Cardiac

General

Ophthalmology

Orthopaedics

Spinal

Neurology

Urology

Other:

Turnover:

\$1-2 million

\$2-5 million

\$5-15 million

\$15+ million

Staff:

1-3

4-10

11-20

21+

Authorised Representative:

Name:

Position:

Contact Phone:

Email:

Declaration:

I, (name)

as the authorised representative of, (company)
apply for membership to the AMMDA INC Australian

Medical Manufacturers & Distributors Association Inc.

All employees of (company)
INC guidelines and the AMMDA INC Code of Conduct.

will abide by the AMMDA

Signed:

Dated: