



ATS-NZ Membership Application: Please return to membership@atsnz.org.nz

Company Name:

Contact 1:

Title:

Phone:

Mobile:

Email:

Contact 2:

Title:

Phone:

Mobile:

Email:

Postal Address:

Physical Address (If different to postal address):

Full Membership

Affiliate Membership

Total Staff: _____

BUSINESS SEGMENTS

Manufacturing

Custom Mobility

Beds & Mattresses

Importing

Standard Mobility

Respiratory

Distribution

Seating & Positioning

Daily Living Aids

Retail

Bath Safety

Motor Vehicle

Modifications

Communication Devices

Scooters

Service

Patient Handling

Hire

Other (Please specify): _____

Membership Tier: 1

2

3

4

International

Referee 1 Name:

Company:

Phone

Referee 2 Name:

Company:

Phone:

Signed:

Date:
