

MTEC Membership Application

Members. This Membership Application is made by the signing organization (“Applicant”) to the Medical Technology Enterprise Consortium (hereinafter MTEC) as of the date of signing by the Applicant.

Acknowledgment of Terms. Applicant hereby applies for membership in the Medical Technology Enterprise Consortium. Applicant acknowledges that its authorized representative has received and reviewed the Consortium Member Agreement, MTEC Bylaws, and any other supporting documents referenced therein. Applicant agrees to comply with all provisions in those documents, which are incorporated into and made part of this application by reference. Applicant acknowledges that the MTEC may amend any one or more of the documents from time to time in the best interests of the MTEC. Applicant will be notified of any material changes in those documents and will have an opportunity to object to such changes. Applicant further agrees that it will comply with all applicable U.S. laws, rules and regulations (including U.S. Antitrust and Export Control laws) in any MTEC activities. Applicant agrees that this Application will become a binding membership contract between Applicant and the MTEC upon acceptance by the MTEC Board of Directors and Applicant’s payment of assessed dues. The MTEC Board of Directors has the right to accept or reject this application in its sole discretion if the MTEC Board of Directors determines, in good faith, that the Applicant does or does not meet the membership requirements contained in this Agreement. If membership is declined, the Applicant will be informed in writing regarding the rationale and provided an opportunity to address the issues and reapply. Upon acceptance of Applicant as a “Member in Good Standing” of the MTEC, Applicant agrees that all actions of Applicant’s representatives participating in MTEC meetings and other activities will be binding on Applicant. Applicant agrees that all actions taken by it as a Member in Good Standing will be performed by a duly-authorized representative of the Applicant.

Funding Qualification. Active participation in the consortium and currency of financial liability to the consortium are pre-requisites for receipt of research project funding under the OT Agreement. To qualify for research project funding, the Applicant agrees to maintain its status as a “Member in Good Standing” by meeting the following criteria (note: the MTEC Board of Directors may grant waivers on a case-by-case basis): current (no greater than 45 days past due) on membership dues; and current (no greater than 90 days past due) on research project award assessments.

Representations. Applicant acknowledges that it has caused this application to be signed by its duly-authorized representative. By signing this Application, Applicant certifies and represents that the information provided in the remainder of this Application and any attachments hereto is a current, complete, true and correct statement of Applicant’s organizational structure and affiliations as of the date of signing. Applicant further certifies and represents that it agrees to meet all of the requirements of a “Member in Good Standing” contained herein. Applicant agrees to disclose immediately to the MTEC any changes affecting Applicant’s representation that it meets all the requirements of a Member in Good Standing. Applicant represents the following:

- It has an interest in the research and development of biomedical related technology;
- It is eligible to contract with the U.S. Government (i.e., Applicant is not debarred or suspended by the United States Government);
- It is willing to be an advocate of the Medical Technology Enterprise Consortium objectives as they are defined in the Consortium Member Agreement and the MTEC Bylaws; and
- It is capable of making a technical contribution to advancing biomedical related technology.

Note: "Capable of making a technical contribution" is defined as entailing in-house, hands-on research and development activities that are relevant and essential to a proposed project or effort. It does not include all project, program, contract, and similar management and/or administrative functions.

Applicant's legal corporate/organization name:

DUNS Number:

CAGE Code:

Address of Applicant's principal office:

Street Address:

City, State, Zip:

Phone Number:

Website Address:

Is applicant a U.S. Company or Academic Research Institution? Yes No

Is applicant operating under Foreign Ownership, Control or Influence (FOCI)?

Please Note: A U.S. company is considered under FOCI whenever a foreign interest has the power, direct or indirect, whether or not exercised, and whether or not exercisable through the ownership of the U.S. company's securities, by contractual arrangements or other means, to direct or decide matters affecting the management or operations of that company in a manner which may result in unauthorized access to [export controlled information] classified information or may adversely affect the performance of classified contracts. National Industrial Security Program Manual (DoD 5220.22-M, Para. 2-300a.).

Yes No

If Yes, identify the foreign interest(s): _____.

Is Applicant currently a “Non-traditional Government Contractor”? Yes No

A nontraditional defense contractor means an entity that is not currently performing and has not performed, for at least the one-year period preceding the submission of its MTEC Membership Application, any contract or subcontract from the Department of Defense that is subject to full coverage under the cost accounting standards prescribed pursuant to section 1502 of the Office of Federal Procurement Policy Act (Title 41) and the regulations implementing such section.

If Applicant does not want its “Non-traditional” status posted on the public website, check here:

Membership Type:

- Large Business
- Single Organization Entity **If selected, please indicate classification below*
- Multi-member Organization (as defined in 3.2.1 (A))

**Single Organization Classification:*

- Small Business
- Not-For-Profit
- Academic Research Institution

Affiliate of Current Member:

- Yes – Indicate Current Member Organization:
- No

Applicant’s designated points of contact (and address if different from above):

Primary Point of Contact

Name: _____ Title: _____
Phone: _____ Fax: _____
Email: _____
Street Address: _____
City, State, Zip: _____

Business/Accounts Payable Point of Contact *(responsible for processing annual dues payment)*

Name: _____ Title: _____
Phone: _____ Fax: _____
Email: _____
Street Address: _____
City, State, Zip: _____

Description of applicant’s organization and applicable Technology Areas:

The information provided below will be used to: 1) record your organization’s in-house research and development capabilities relevant to biomedical technology and 2) to upload to the Medical Technology Enterprise Consortium Members-Only website as a resource to facilitate teaming opportunities among the membership. **Note: Please limit each description area to 1500 characters or less.**

Technology Area(s) (check all that apply):

- Military Infectious Diseases Combat Casualty Care Military Operational Medicine
- Clinical and Rehabilitative Medicine Advanced Medical Technologies
- Medical Simulation and Information Sciences

Core Business Areas/Focus:

R&D Highlights/Projects:

Technical Expertise:

If Applicant does not want this information posted on the website, check here:

If Applicant provides permission to use organization’s information in MTEC business development efforts as outlined in the Consortium Member Agreement 12.16 Business Development, check here:

Note: The Applicant hereby provides written consent for the Medical Technology Enterprise Consortium to include its name in all published Membership lists.

Applicant acknowledges that it has read and understands the Consortium Member Agreement, this application form and the MTEC Bylaws, to which the applicant agrees to meet its obligation, in its entirety, and is undertaking and has caused this Membership Application to be signed by its duly authorized representative on the date set forth below:

Applicant Name (Company Name):

Authorized Representative Signature: _____

Authorized Representative Printed Name:

Title:

Date:

Submit the signed Membership Application and direct any questions to:

Medical Technology Enterprise Consortium

c/o Advanced Technology International

315 Sigma Drive

Summerville, SC 29486

mtec-sc@ati.org