



## IMDRF Membership Application Form

**Applications must be submitted at least two (2) months before an IMDRF Management Committee meeting, which are usually held four times each year (for example, January, March, June, September (variable each year)).**

If the application is for a Regional Harmonization Initiative, the application must be submitted by the Chair of the RHI. Any questions should be directed to the Chair of the IMDRF Management Committee which is listed on the [IMDRF website](#).

### Type of Membership

If other, please specify:

### Contact Details for Applicant:

Name of Applicant Organization:

Contact Person(s):

Title:

Address:

Phone:

Email:

Depending on the type of application, please fill out the corresponding section:

### Management Committee Member

1. Have you been an Official Observer for at least the past 3 years?  
Yes                      No
2. List the IMDRF meetings (including teleconferences) your organization has attended in at least the past 3 consecutive years:



### Contribution to IMDRF

5. Describe how your organization contributes or can contribute resources and expertise to the objectives of IMDRF and how its membership would be a benefit to IMDRF:

### Implementation of IMDRF Guidelines

6. Describe your policy/strategy regarding the implementation of IMDRF guidelines:

7. Please indicate which IMDRF documents were implemented and provide relevant documentation to support evidence of implementation:

## REGIONAL HARMONIZATION INITIATIVE

1. Are you an association/initiative comprising medical device regulatory authorities representing the majority of countries in a certain region/area of the world?

Yes

No

If yes, please describe the countries/region you are representing:

2. Do you have a mandate of regional harmonization amongst your members?

Yes

No

