
# Application form for WG membership

**Name of the applicant:**

(title, first name, family name)

**Professional address:**

**E-mail:**

**Telephone No:**

**Fax No:**

**Name of WG: Please select one only!**

 **❑ WG “Distance Education & e-learning” (WG-DE)**

 **❑ WG “Laboratory Medicine Credit Points” (WG-LMCP)**

**Position applied for: ❑ Full Member (only for the WG-LMCP)**

 **❑ Young Scientist Full Member** (≤ 35 years of age at the time of appointment)

**Main professional interests:**

**Background in the topic area of the WG:** (max. 250 words)

**Proposed contribution to the work of the WG:** (max. 250 words)

**Attachments:**

**Letter of support from National Society** mandatory

**Curriculum vitae** mandatory

**List of relevant publications ❑ yes ❑ no**

**Other** (please specify):

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**