



EUROPEAN FEDERATION OF CLINICAL CHEMISTRY
AND LABORATORY MEDICINE

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: **WG "Register" (WG-R)**

Position applied for: Full Member
 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

Copy of the ID

when applying for YS position only!

List of relevant publications

yes

no

Other (please specify):

Date: _____

Signature: _____