



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 "Autoimmunity Testing" (WG-AT)**

Position applied for: **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	not mandatory
Copy of the ID	mandatory to prove the age for the YS position
Other (please specify):	

Date: _____

Signature: _____