



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 "Biological Variation" (WG-BV)**

Position applied for: **Full Member**

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 | <input type="checkbox"/> yes <input type="checkbox"/> no |
| Other (please specify): | |

Date: _____

Signature: _____