



EUROPEAN FEDERATION OF CLINICAL CHEMISTRY  
AND LABORATORY MEDICINE

## Application form for WG membership

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**Name of the applicant:**

(title, first name, family name)

**Professional address:**

**E-mail:**

**Telephone No:**

**Fax No:**

**Name of WG:**                      **WG "Harmonisation" (WG-H)**

**Position applied for:**        **Full Member**

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**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**

**Curriculum vitae**

**List of relevant publications**

**Other (please specify):**

mandatory

mandatory

☐ **yes**

☐ **no**

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

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