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# 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 “Vascular Risk Biomarkers” (WG-VRB)**

**Position applied for: □ Full Member**

**□ Young Scientist Member** (<35 years old at the time of the nomination)

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