# EFLM1EFLM Working Groups

# 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 on Postanalytical Phase**

**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

**List of relevant publications ❑ yes ❑ no**

**Other** (please specify):

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