



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 “Biomarkers of Mild Traumatic Brain Injury” (WG-BTBI)**

**Position applied for:**        **x Young Scientist Full Member** (≤ 35 years of age at the time of appointment)

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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**

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