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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 “Autoimmunity Testing” (WG-AT)**

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

**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** not mandatory

**Copy of the ID** mandatory to prove the age for the YS position

**Other** (please specify):

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