

## APPLICATION

### WORKING GROUP NEW MEMBER

<b>Name of WG:</b>	
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#### Applicant information

<b>Name (first, last):</b>	
<b>Nationality<sup>1</sup>:</b>	
<b>Affiliation<sup>2</sup>:</b>	
<b>Preferred role in WG:</b>	<input type="checkbox"/> Member <input type="checkbox"/> Consultant <input type="checkbox"/> Observer
<b>Reference NMO<sup>3</sup>:</b>	
<b>Contact information:</b>	<b>email:</b>  <b>phone number:</b>
<b>Date:</b>	



**The European Federation of Organisations for Medical Physics**

Domus Medica, Mercatorlaan 1200, Utrecht, NL

Mailing address: P.O. box 8003, 3503 RA Utrecht, NL

Telephone: (+31) 30 6866 561

**CV<sup>4</sup>:**



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**Legend**

- 1) **Nationality** – country where applicant works
- 2) **Affiliation** – office or institution related to applicant's primary position
- 3) **Reference NMO** – optional – needed only in case if WG aims to formulate or revise an EFOMP Policy Statement
- 4) **CV** – professional CV to support the application