



APPLICATION

WORKING GROUP NEW MEMBER

Name of WG:	
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Applicant information

Name (first, last):	
Nationality¹:	
Affiliation²:	
Preferred role in WG:	<input type="checkbox"/> Member <input type="checkbox"/> Consultant <input type="checkbox"/> Observer
Reference NMO³:	
Contact information:	email: phone number:
Date:	



EFOMP

The European Federation of Organisations for Medical Physics

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CV⁴:



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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