

615 Chestnut Street | 17th Floor | Philadelphia, PA 19106-4404 | 215-440-9300 Telephone | 866-423-3965 Toll Free | 267-765-1078 Fax | membership@aacr.org

### Section 1: Application Information

Check one of the following boxes if this application is being submitted between September 1 and December 31.

(If dues are applied to the forthcoming year, the membership will take effect on January 1, but the candidate will not be eligible to sponsor an abstract for presentation at the Annual Meeting in March or April of that year.)

The enclosed payment should be applied to the ☐ Current Year ☐ Forthcoming Year (ineligible to sponsor an abstract for upcoming Annual Meeting)

### Section 2: Candidate Information (Please type or print clearly)

Last/Family Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Date of Birth (mm/dd/year): \_\_\_\_\_ Title and Dept.: \_\_\_\_\_

Institute/Company: \_\_\_\_\_

Division: \_\_\_\_\_

**Academic Degrees** Indicate highest degree earned, year earned, and institution granting the degree. (Indicate multiple degrees as appropriate, i.e., MD, PhD)

☐ Doctoral (M.D, PhD, etc.) \_\_\_\_\_

☐ Master (MS, MA, etc.) \_\_\_\_\_

☐ Bachelor (BA, BS, etc.) \_\_\_\_\_

☐ Associate (AA, AS, etc.) \_\_\_\_\_

☐ Other (RN, JD, etc.) \_\_\_\_\_

### Section 3: Contact Information (Please type or print clearly)

**Institute/Company Mailing Address** (☐ Preferred mail)

Street Address: \_\_\_\_\_ Building/Room: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip or Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

Telephone (include area code): \_\_\_\_\_ Cell/Mobile: \_\_\_\_\_ Fax (include area code): \_\_\_\_\_

Email: \_\_\_\_\_

**Home Mailing Address** (☐ Preferred mail)

Street Address: \_\_\_\_\_ Building/Apt.: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip or Postal Code: \_\_\_\_\_

Telephone (include area code): \_\_\_\_\_ Cell/Mobile: \_\_\_\_\_ Fax (include area code): \_\_\_\_\_

Email: \_\_\_\_\_

### Section 4: Scientific Research

**Major Focus** (Please check only one)

☐ Advocacy ☐ Basic Science ☐ Behavioral Science ☐ Business Development ☐ Clinical Practice ☐ Population Science ☐ Research Administration ☐ Science Education ☐ Translational Research

☐ Other (please specify) \_\_\_\_\_

**Research Areas of Expertise/Interest** (Please check only one)

☐ Behavioral Science ☐ Cell Biology ☐ Epigenetics ☐ Immunology and Immuno-oncology ☐ Radiation Science and Medicine

☐ Biochemistry and Biophysics ☐ Chemistry ☐ Experimental and Molecular Therapeutics ☐ Molecular Biology ☐ Surgical Oncology

☐ Biostatistics ☐ Clinical Research/Clinical Trials ☐ Genetics ☐ Pathology ☐ Survivorship Research

☐ Bioinformatics and Computational Biology ☐ Diagnostics and Biomarkers ☐ Genomics/Proteomics/-Omics ☐ Pediatric Oncology ☐ Systems Biology

☐ Cancer Disparities Research ☐ Endocrinology ☐ Geriatric Oncology ☐ Pharmacology ☐ Tumor Biology

☐ Carcinogenesis ☐ Epidemiology ☐ Hematology ☐ Prevention Research ☐ Virology

☐ Other (please specify) \_\_\_\_\_

### Section 5: Demographic Information

Information concerning gender and ethnic background is solicited to enable the Association to ensure its programs are appropriately serving all members of the cancer research community.

**Race or Ethnic Background** (Please check only one) ☐ African American/Black ☐ Asian ☐ Caucasian ☐ Hispanic ☐ Native American ☐ Native Pacific Islander ☐ Other

**Gender** ☐ Male ☐ Female

### Section 6: Member Categories (Select the membership category in which you wish to be reinstated.)

☐ **Active:** \*\$315

Annual dues for Active Members located in countries with emerging economies have been set as follows:

☐ Lower Income – \$20 ☐ Lower Middle – \$30 ☐ Upper Middle – \$50

Active membership includes an online subscription to **one** AACR journal. Please select below.

☐ Cancer Discovery ☐ Cancer Epidemiology, Biomarkers & Prevention

☐ Cancer Immunology Research ☐ Cancer Prevention Research ☐ Cancer Research

☐ Clinical Cancer Research ☐ Molecular Cancer Research ☐ Molecular Cancer Therapeutics

☐ **Associate:** \*\$0 No annual dues required.

☐ Graduate Student ☐ Medical Student ☐ Resident ☐ Clinical Fellow  
☐ Postdoctoral Fellow

☐ **Affiliate:** \$135 (Annual dues for Advocates and Survivors have been set at \$75.)

☐ **Student:** \*\$0 No annual dues required.

☐ Undergraduate Year of Study \_\_\_\_\_ Date of Expected Graduation \_\_\_\_\_  
☐ High School Year of Study \_\_\_\_\_ Date of Expected Graduation \_\_\_\_\_

### Section 7: Association Groups If you belonged to or wish to join any of the following Association Groups, please check the appropriate box(es).

**Constituencies**

☐ Minorities in Cancer Research (MICR)

☐ Women in Cancer Research (WICR)

**Scientific Working Groups (additional fees may apply-see below)**

☐ Behavioral Science in Cancer Research (BSCR) ☐ Chemistry in Cancer Research (CICR)

☐ Cancer Immunology (CIIMM)

☐ Molecular Epidemiology (MEG)

☐ Pediatric Cancer (PCWG)

☐ Radiation Science and Medicine (RSM)

☐ Tumor Microenvironments (TME)

### Section 8: Reason for Lapse in Membership

☐ Oversight ☐ Lack of funding/cost ☐ Relocation ☐ Administrative error ☐ Missed Reminders ☐ Other \_\_\_\_\_

### Section 9: Method of Payment Payment of the current year's dues must accompany this Reinstatement form. See above categories for dues amounts.

☐ Check or Money Order enclosed payable to American Association for Cancer Research, in U.S. Currency, drawn on a U.S. bank.

☐ VISA ☐ MasterCard ☐ American Express

Total Payment Amount \$ \_\_\_\_\_

Card Number \_\_\_\_\_

CVV \_\_\_\_\_

Expiration Date \_\_\_\_\_

Signature \_\_\_\_\_

Send curriculum vitae, bibliography, and membership dues to:

AACR, 615 Chestnut Street, 17th Floor

Philadelphia, PA 19106-4404 or

email to [membership@aacr.org](mailto:membership@aacr.org) with a subject heading

"Membership Reinstatement Application" or fax to 215-440-9412.

**myAACR.aacr.org**

**FOR OFFICE USE ONLY:**

2020

DR: \_\_\_\_\_ DP: \_\_\_\_\_ DS: \_\_\_\_\_

DA: \_\_\_\_\_ DT: \_\_\_\_\_