

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: 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 (MD, PhD, etc.) \_\_\_\_\_
- Master (MS, MA, etc.) \_\_\_\_\_
- Bachelor (BA, BS, etc.) \_\_\_\_\_
- Associate (AA, AS, etc.) \_\_\_\_\_
- Other (RN, J.D, etc.) \_\_\_\_\_

**Section 2: 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 3: 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)

- |   |  |  |   |   |
|---|--|--|---|---|
| <input type="checkbox"/> Behavioral Science                       | <input type="checkbox"/> Cell Biology                      | <input type="checkbox"/> Epigenetics                             | <input type="checkbox"/> Immunology and Immuno-oncology | <input type="checkbox"/> Radiation Science and Medicine |
| <input type="checkbox"/> Biochemistry and Biophysics              | <input type="checkbox"/> Chemistry                         | <input type="checkbox"/> Experimental and Molecular Therapeutics | <input type="checkbox"/> Molecular Biology              | <input type="checkbox"/> Surgical Oncology              |
| <input type="checkbox"/> Biostatistics                            | <input type="checkbox"/> Clinical Research/Clinical Trials | <input type="checkbox"/> Genetics                                | <input type="checkbox"/> Pathology                      | <input type="checkbox"/> Survivorship Research          |
| <input type="checkbox"/> Bioinformatics and Computational Biology | <input type="checkbox"/> Diagnostics and Biomarkers        | <input type="checkbox"/> Genomics/Proteomics/-Omics              | <input type="checkbox"/> Pediatric Oncology             | <input type="checkbox"/> Systems Biology                |
| <input type="checkbox"/> Cancer Disparities Research              | <input type="checkbox"/> Endocrinology                     | <input type="checkbox"/> Geriatric Oncology                      | <input type="checkbox"/> Pharmacology                   | <input type="checkbox"/> Tumor Biology                  |
| <input type="checkbox"/> Carcinogenesis                           | <input type="checkbox"/> Epidemiology                      | <input type="checkbox"/> Hematology                              | <input type="checkbox"/> Prevention Research            | <input type="checkbox"/> Virology                       |
| <input type="checkbox"/> Other (please specify) _____             |  |  |   |   |

**Section 4: Current Membership Category**

- Active  Affiliate  Associate  Emeritus  Student

**Section 5: Requested Membership Category**

Review the **categories of membership** and select the category below that best fits your qualifications. All members receive a complimentary online subscription to *Cancer Today* magazine.

**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

**NEW in 2018!** No annual dues required.

**Affiliate:** \$135

(Annual dues for Advocates and Survivors have been set at \$75.)

**Emeritus** - \$35

\***Active Members:** Please refer to the AACR website at [www.AACR.org](http://www.AACR.org) for a complete listing of countries with emerging economies.

**Section 6: Association Groups**

Check one or more boxes below to join an of the following Association Groups, please check the appropriate boxes.

- Constituencies** **Scientific Working Groups (additional fees may apply-see below)**
- Minorities in Cancer Research (MICR)  Cancer Immunology (CIMM)  Pediatric Cancer (PCWG)  Tumor Microenvironments (TME)  Molecular Epidemiology (MEG):
  - Women in Cancer Research (WICR)  Chemistry in Cancer Research (CICR)  Radiation Science and Medicine (RSM)  Active - \$25  Associate - \$0  Affiliate - \$10

**Section 7: Submission Materials**

Please submit the following materials along with your Application

- Current Curriculum Vitae and Bibliography
- Cover letter from the candidate explaining the reasons for his/her request for transfer.
- **Associate, Affiliate, and Student Members:** At least one letter of recommendation from an Active, Emeritus, or Honorary member
- **NOTE:** Current membership category dues must be paid prior to submission of the Transfer Request Form. If current dues are not yet paid, payment must accompany this Transfer Request Form.

**Section 8: Method of Payment Payment of the current year's dues must accompany this transfer form.**

- 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 \_\_\_\_\_ Expiration Date \_\_\_\_\_ Signature \_\_\_\_\_

Send required documents to:  
 AACR, 615 Chestnut Street, 17th Floor  
 Philadelphia, PA 19106-4404 or  
 email to [membership@aacr.org](mailto:membership@aacr.org).

**FOR OFFICE USE ONLY:**

2018

DR: \_\_\_\_\_ DP: \_\_\_\_\_ DS: \_\_\_\_\_  
 DA: \_\_\_\_\_ DT: \_\_\_\_\_