

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 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 _____ CVV _____ Expiration Date _____

Signature _____

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

FOR OFFICE USE ONLY:

2018

DR: _____ DP: _____ DS: _____

DA: _____ DT: _____