American Association for Cancer Research
Official Membership Reinstatement Form

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 (M.S., 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: [____________________________________]  City: [____________________________________]  State: [____________________________________]  Zip or Postal Code: [____________________________________]

Telephone (include area code): [____________________________________]  Cell/Mobile: [____________________________________]  Fax (include area code): [____________________________________]

Home Mailing Address (Preferred mail)
Street Address: [____________________________________]  City: [____________________________________]  State: [____________________________________]  Zip or Postal Code: [____________________________________]

Telephone (include area code): [____________________________________]  Cell/Mobile: [____________________________________]  Fax (include area code): [____________________________________]

Section 4: Scientific Research

Major Focus (Please check only one)
[ ] Other (please specify)

Research Areas of Expertise/Interest (Please check only one)
[ ] Behavioral Science  [ ] Biochemistry and Biophysics  [ ] Biostatistics  [ ] Bioinformatics and Computational Biology  [ ] Cancer Disparities Research  [ ] Carcinogenesis  [ ] Other (please specify)
[ ] Cell Biology  [ ] Epigenetics  [ ] Experimental and Molecular Therapeutics  [ ] Genetics  [ ] Geriatric Oncology  [ ] Hematology  [ ] Immunology and Immuno-oncology
[ ] Molecular Biology  [ ] Pathology  [ ] Pediatric Oncology  [ ] Pharmacology  [ ] Prevention Research  [ ] Virology

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  [ ] Clinical Cancer Research  [ ] Molecular Cancer Research  [ ] Molecular Cancer Therapeutics

[ ] Associate: *$50  [ ] Graduate Student  [ ] Medical Student  [ ] Resident  [ ] Clinical Fellow  [ ] Postdoctoral Fellow

[ ] Affiliate: *$155  (Annual dues for Advocates and Survivors have been set at $75.)

[ ] Student: *$10  No annual dues required.

[ ] Undergraduate  [ ] High School  Year of Study _________  Date of Expected Graduation _________

Section 7: Association Groups if you belong 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 (WCR)
[ ] Scientific Working Groups (additional fees may apply—see below)
[ ] Behavioral Science in Cancer Research (BSCR)  [ ] Cancer Immunology (CIMM)  [ ] Cancer Discovery  [ ] Cancer Epidemiology, Biomarkers & Prevention  [ ] Cancer Immunology Research  [ ] Cancer Prevention Research  [ ] Clinical Cancer Research  [ ] Molecular Cancer Research  [ ] Molecular Cancer Therapeutics

[ ] Chemistry in Cancer Research (CICR)  [ ] Molecular Epidemiology (MEG)  [ ] Pediatric Cancer (PCWG)  [ ] Tumor Microenvironments (TME)

[ ] Radiology and Radiation Sciences (RSM)

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:
AARC, 615 Chestnut Street, 17th Floor
Philadelphia, PA 19106-4404 or email to membership@aacr.org with a subject heading
“Membership Reinstatement Application” or fax to 215-440-9412.

myAACR.aacr.org

FOR OFFICE USE ONLY: 2019

DR: [____________________________________]  DP: [____________________________________]  DS: [____________________________________]

DA: [____________________________________]  DT: [____________________________________]