

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.

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|--|---|
| <p><input type="checkbox"/> Active: *\$315
 Annual dues for Active Members located in countries with emerging economies have been set as follows:
 <input type="checkbox"/> Lower Income-\$20 <input type="checkbox"/> Lower Middle-\$30 <input type="checkbox"/> Upper Middle-\$50
 Active membership includes an online subscription to one AACR journal. Please select below.
 <input type="checkbox"/> <i>Cancer Discovery</i> <input type="checkbox"/> <i>Cancer Epidemiology, Biomarkers & Prevention</i>
 <input type="checkbox"/> <i>Cancer Immunology Research</i> <input type="checkbox"/> <i>Cancer Prevention Research</i> <input type="checkbox"/> <i>Cancer Research</i>
 <input type="checkbox"/> <i>Clinical Cancer Research</i> <input type="checkbox"/> <i>Molecular Cancer Research</i> <input type="checkbox"/> <i>Molecular Cancer Therapeutics</i></p> | <p><input type="checkbox"/> Associate: *\$0 No annual dues required.
 <input type="checkbox"/> Graduate Student <input type="checkbox"/> Medical Student <input type="checkbox"/> Resident <input type="checkbox"/> Clinical Fellow
 <input type="checkbox"/> Postdoctoral Fellow</p> <p><input type="checkbox"/> Affiliate: \$135 (Annual dues for Advocates and Survivors have been set at \$75.)</p> <p><input type="checkbox"/> Student: *\$0 No annual dues required.
 <input type="checkbox"/> Undergraduate Year of Study _____ Date of Expected Graduation _____
 <input type="checkbox"/> High School Year of Study _____ Date of Expected Graduation _____</p> |
|--|---|

Section 6: Association Groups

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

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|---|--|
| Constituencies | Scientific Working Groups (additional fees may apply-see below) |
| <input type="checkbox"/> Minorities in Cancer Research (MICR) | <input type="checkbox"/> Behavioral Science in Cancer Research (BSCR) |
| <input type="checkbox"/> Women in Cancer Research (WICR) | <input type="checkbox"/> Chemistry in Cancer Research (CICR) |
| <input type="checkbox"/> Cancer Immunology (CIMM) | <input type="checkbox"/> Pediatric Cancer (PCWG) |
| <input type="checkbox"/> Molecular Epidemiology (MEG) | <input type="checkbox"/> Tumor Microenvironments (TME) |
| <input type="checkbox"/> Radiation Science and Medicine (RSM) | |

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
myAACR.aacr.org

FOR OFFICE USE ONLY:

2019

DR: _____ DP: _____ DS: _____
 DA: _____ DT: _____