# American Association for Cancer Research

**Official Membership Application 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)

<table>
<thead>
<tr>
<th>Last/Family Name:</th>
<th>First Name:</th>
<th>Middle Initial:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of Birth (mm/dd/year):</td>
<td>Title and Dept.:</td>
<td></td>
</tr>
<tr>
<td>Institute/Company:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Division:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**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, JD, etc.)

---

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

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

<table>
<thead>
<tr>
<th>Street Address:</th>
<th>Building/Room:</th>
</tr>
</thead>
<tbody>
<tr>
<td>City:</td>
<td>State:</td>
</tr>
<tr>
<td>Zip or Postal Code:</td>
<td>Country:</td>
</tr>
<tr>
<td>Telephone (include area code):</td>
<td>Cell/Mobile:</td>
</tr>
<tr>
<td>Fax (include area code):</td>
<td></td>
</tr>
</tbody>
</table>

**Home Mailing Address** (Preferred mail)

<table>
<thead>
<tr>
<th>Street Address:</th>
<th>Building/Apt.:</th>
</tr>
</thead>
<tbody>
<tr>
<td>City:</td>
<td>State:</td>
</tr>
<tr>
<td>Zip or Postal Code:</td>
<td></td>
</tr>
<tr>
<td>Telephone (include area code):</td>
<td>Cell/Mobile:</td>
</tr>
<tr>
<td>Fax (include area code):</td>
<td></td>
</tr>
</tbody>
</table>

---

## 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
- [ ] Biochemistry and Biophysics
- [ ] Biostatistics
- [ ] Bioinformatics and Computational Biology
- [ ] Cancer Disparities Research
- [ ] Carcinogenesis
- [ ] Other (please specify)

- [ ] Cell Biology
- [ ] Epigenetics
- [ ] Experimental and Molecular Therapeutics
- [ ] Immuno-Immunology
- [ ] Radiation Science and Medicine
- [ ] Cell/Mobile:
- [ ] Genetics
- [ ] Molecular Biology
- [ ] Pathology
- [ ] Surgery/Children's Oncology
- [ ] Systems Biology
- [ ] Pathology
- [ ] Genetics
- [ ] Molecular Biology
- [ ] Pathology
- [ ] Surgery/Children's Oncology
- [ ] Systems Biology
- [ ] Pathology
- [ ] Genetics
- [ ] Molecular Biology
- [ ] Pathology
- [ ] Surgery/Children's Oncology
- [ ] Systems Biology

---

## Section 5: Demographic Information

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

**Race or Ethnic Background** (Please check only one)

- [ ] African American or Black
- [ ] Asian
- [ ] Hispanic or Latino
- [ ] Native Pacific Islander
- [ ] Alaskan Native
- [ ] Caucasian
- [ ] Native American
- [ ] Other

**Gender**

- [ ] Male
- [ ] Female

---

## Section 6: Membership Categories

Below are the categories of membership. View the membership brochure or visit the website at [www.AACR.org/Membership](http://www.AACR.org/Membership) for a description of the membership categories then check the box below for the category that best fits your qualifications. After review of the applications for membership the Chief Executive Officer will notify candidates of their election or deferral within one month of receipt of the application form. All membership categories receive a complimentary online subscription to Cancer Today magazine. Reduced subscription rates to additional AACR journals are also available to all member categories.

- [ ] Active (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 (Please indicate level below)
- [ ] Graduate Student
- [ ] Medical Student
- [ ] Resident
- [ ] Clinical Fellow
- [ ] Postdoctoral Fellow
- [ ] Affiliate (Health professionals working in support of cancer research. Special rates offered to Advocates and Survivors.)
- [ ] Student (Please indicate academic status below; expected graduation date must be included.)
- [ ] Undergraduate
- [ ] Year of Study
- [ ] Date of Expected Graduation
- [ ] High School
- [ ] Year of Study
- [ ] Date of Expected Graduation

---

1801039
Section 7: Association Groups

Check one or more boxes below to join an AACR Constituency or Scientific Working Group.

Constituencies

☐ Minorities in Cancer Research (MICR)    ☐ Cancer Immunology (CIMM)    ☐ Molecular Epidemiology (MEG)    ☐ Radiation Science and Medicine (RSM)
☐ Women in Cancer Research (WIRC)    ☐ Chemistry in Cancer Research (CICR)    ☐ Pediatric Cancer (PCWG)    ☐ Tumor Microenvironment (TME)

Section 8: Statement and Signature of Candidate

I hereby apply for membership in the American Association for Cancer Research. I have read the qualifications and instructions and I understand the privileges and responsibilities of this category of membership. I certify that the statements on this application are true.

Print Name: _______________________________ Signature of Candidate: _______________________________ Date: _______________________________

Section 9: Nomination and Statement of Support

I recommend this candidate for membership in the American Association for Cancer Research and acknowledge by signing this statement of support that the candidate is qualified for this category of membership. Further, I acknowledge that this candidate adheres to accepted ethical standards and has or will make long-term contributions to cancer research.

Member No. Nominator (Print) Nominator Signature Date

Member No. Nominator (Print) Nominator Signature Date

Section 10: Dues Information

Payment for the first year’s dues must accompany this application. Please select the dues rates based on the category of membership for which you wish to apply. (Refer to the AACR website at www.AACR.org/Membership for a complete listing of countries with emerging economies.) Dues are billed annually on a calendar year.

Member Dues

☐ Active $315 $________________

Active members located in countries with emerging economies are extended the following dues rates:

☐ Low Income $ 20 $________________

☐ Lower Middle Income $ 30 $________________

☐ Middle Income $ 50 $________________

☐ Associate $ 0 $________________

No annual dues required.

☐ Affiliate $135 $________________

☒ Affiliate Survivor/Advocate $ 75 $________________

Total Member Dues $________________

Association Groups – MEG Membership (additional fees apply)

☐ Active $25 $________________

☐ Associate $ 0 $________________

☐ Affiliate $10 $________________

Total Association Groups Fees $________________

Premium Member Benefits

☐ Certificate of Membership $ 25 $________________

☐ AACR Member Pin $10 $________________

Total Premium Member Benefits $________________

Total Amount Due $________________

Section 11: Method of Payment

☐ Check or Money order enclosed, payable to the American Association for Cancer Research, in U.S. currency, drawn on U.S. bank.

☐ Visa ☐ MasterCard ☐ American Express

Card Number _______________ CVV _______________ Expiration Date _______________

Signature _______________________________

Section 12: Procedures for Application Submission

How to Apply for Membership

Online: myAACR.aacr.org

Mail: Membership Department, American Association for Cancer Research

615 Chestnut Street, 17th Floor

Philadelphia, PA 19106-4404

Fax: 267-765-1078

Submission Materials

☒ The Official AACR Membership Application Form with all requested information provided. Nomination: Appropriate signature of a nominator (two signatures required for Active member candidates) who is an existing Active, Emeritus, or Honorary member in good standing is required. (Appropriate signatures for Student candidates would include school advisor, mentor, dean, or principal.)

☒ A copy of the candidate’s most current curriculum vitae and bibliography. (Candidates applying for Student membership should submit a resume.)

☒ Affiliate and Student Member Candidates Only: Cover letter explaining the reasons for the candidate’s interest in joining, his or her particular qualifications for this membership category, and the benefit(s) he or she expects to derive from becoming a member.

☒ Affiliate Member Candidates Only: At least one recommendation letter from an Active, Emeritus, or Honorary Member which comments on the candidate’s current research activity, the specific role the candidate has within the department, and why the nominator feels the candidate should apply for Affiliate rather than Active or Associate membership.

FOR OFFICE USE ONLY: 2019

DR: _______________ DP: _______________ DS: _______________

DA: _______________ DT: _______________