

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: 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 (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)

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 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)

- |   |  |  |   |   |
|---|--|--|---|---|
| <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 5: Demographic Information

Information concerning gender and ethnic background is solicited to enable 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.)

- |  |  |  |   |
|--|--|--|---|
| <input type="checkbox"/> <i>Cancer Discovery</i> | <input type="checkbox"/> <i>Cancer Epidemiology, Biomarkers &amp; 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> |

**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.)

- |  |                     |                                   |
|--|---------------------|-----------------------------------|
| <input type="checkbox"/> Undergraduate | Year of Study _____ | Date of Expected Graduation _____ |
| <input type="checkbox"/> High School   | Year of Study _____ | Date of Expected Graduation _____ |

## 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)  
 Women in Cancer Research (WICR)

### Scientific Working Groups (additional fees may apply-see below)

- Cancer Immunology (CImm)  
 Chemistry in Cancer Research (CICR)  
 Molecular Epidemiology (MEG)  
 Pediatric Cancer (PCWG)  
 Radiation Science and Medicine (RSM)  
 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 understand that I will receive communications from AACR regarding my membership and participation in Association programs and activities. 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 scientific 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](http://www.AACR.org/Membership) for a complete listing of countries with emerging economies.) Dues are billed annually on a calendar year.

<b>Member Dues</b>		<b>Association Groups – MEG Membership</b> (additional fees apply)	
<input type="checkbox"/> Active	\$315	<input type="checkbox"/> Active	\$ 25
Active members located in countries with emerging economies are extended the following dues rates:		<input type="checkbox"/> Associate	\$ 0
<input type="checkbox"/> Low Income	\$ 20	<input type="checkbox"/> Affiliate	\$ 10
<input type="checkbox"/> Lower Middle Income	\$ 30	<b>Total Association Groups Fees</b>	\$ _____
<input type="checkbox"/> Middle Income	\$ 50	<b>Premium Member Benefits</b>	
<input type="checkbox"/> Associate	\$ 0	<input type="checkbox"/> Certificate of Membership	\$ 25
<b>NEW in 2018!</b> No annual dues required.		<input type="checkbox"/> AACR Member Pin	\$ 10
<input type="checkbox"/> Affiliate	\$135	<b>Total Premium Member Benefits</b>	\$ _____
<input type="checkbox"/> Affiliate Survivor/Advocate	\$ 75	<b>Total Amount Due</b>	\$ _____
<b>Total Member Dues</b>	\$ _____		

## 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 \_\_\_\_\_ Expiration Date \_\_\_\_\_

Signature \_\_\_\_\_

## Section 12: Procedures for Application Submission

### How to Apply for Membership

**Online:** [myAACR.aacr.org](http://myAACR.aacr.org)

**Email:** [membership@aacr.org](mailto:membership@aacr.org)

**Fax:** 267-765-1078

**Mail:** Membership Department, American Association for Cancer Research

615 Chestnut Street, 17th Floor

Philadelphia, PA 19106-4404

### 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:

2018

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