

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 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 No annual dues required.

- Graduate Student Medical Student Resident Clinical Fellow
- Postdoctoral Fellow

Affiliate: \$135 (Annual dues for Advocates and Survivors have been set at \$75.)

Emeritus: \$35

***Active Members:** Please refer to the AACR website at AACR.org for 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) | | |
| <input type="checkbox"/> Minorities in Cancer Research (MICR) | <input type="checkbox"/> Behavioral Science in Cancer Research (BSCR) | <input type="checkbox"/> Chemistry in Cancer Research (CICR) | <input type="checkbox"/> Pediatric Cancer (PCWG) <input type="checkbox"/> Tumor Microenvironments (TME) |
| <input type="checkbox"/> Women in Cancer Research (WICR) | <input type="checkbox"/> Cancer Immunology (CIMM) | <input type="checkbox"/> Molecular Epidemiology (MEG) | <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:

2020

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