AACR American Association for Cancer Research®
FINDING CURES TOGETHER®

American Association for Cancer Research Official Membership Reinstatement Form

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 (M.D, 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: ______ Country: ______
Telephone (include area code): ______ Cell/Mobile: ______ Fax (include area code): ______
Email: ______

Section 4: Scientific Research

Major Focus (Please check only one)
❑ Basic Science ❑ Business Development ❑ Clinical Research ❑ Oncology Practice ❑ Patient Advocacy ❑ Population Science ❑ Research Administration ❑ Science and Health Policy
❑ Science Education ❑ Translational Research ❑ Other (please specify) ______

Research Areas of Expertise/Interest (Please check only one)
❑ Behavioral Science
❑ Biochemistry and Biophysics
❑ Bioinformatics and Computational Biology
❑ Biostatistics
❑ Cancer Disparities Research
❑ Cell Biology
❑ Chemistry
❑ Clinical Research/Clinical Trials
❑ Convergence Cancer Science
❑ Diagnostics, Biomarkers, Early Detection, and Interception
❑ Endocrinology
❑ Epidemiology
❑ Epigenetics/Epigenomics
❑ Experimental and Molecular Therapeutics
❑ Genetics
❑ Genomics and Other 'Omics
❑ Hematology
❑ Imaging
❑ Immunology and Immuno-oncology
❑ Molecular Biology
❑ Pathology
❑ Pediatric Oncology
❑ Pharmacology
❑ Prevention Research
❑ Proteomics
❑ Other (please specify) ______
❑ Radiation Science and Medicine
❑ Surgical Oncology
❑ Survivorship Research
❑ Tumor Biology
❑ 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 ❑ Alaskan Native ❑ Asian ❑ Asian American ❑ Caucasian ❑ Hispanic/Latino ❑ Native American ❑ Native Hawaiian/Pacific Islander ❑ Other (please specify) ______

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 of choice. Please select below.
☑ *Blood Cancer Discovery* (Free Online) ❑ *Cancer Immunology Research* ❑ *Clinical Cancer Research*
❑ *Cancer Discovery* ❑ *Cancer Prevention Research* ❑ *Molecular Cancer Research*
❑ *Cancer Epidemiology, Biomarkers & Prevention* ❑ *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.)

❑ **Student:** *$0 No annual dues required.
❑ Undergraduate Year of Study ______ Date of Expected Graduation ______
❑ High School Year of Study ______ Date of Expected Graduation ______

Section 7: Association Groups If you belonged 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 (WICR)

Scientific Working Groups
❑ Cancer Immunology (CIMM)
❑ Chemistry in Cancer Research (CICR)
❑ Molecular Epidemiology (MEG)
❑ Pediatric Cancer (PCWG)
❑ Radiation Science and Medicine (RSM)
❑ Tumor Microenvironments (TME)

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 ______ Expiration Date ______ CSC/CVV Number ______
Print Name ______
Signature ______
❑ Please check if billing address is the same as the preferred mailing address in Section 3. If billing address is different, please provide below.
Billing Street Address: ______
City: ______ State: ______ Zip or Postal Code: ______ Country: ______

Send curriculum vitae, bibliography, and membership dues to:
AACR, 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 267-765-1078.
myAACR.aacr.org

FOR OFFICE USE ONLY: 2020
DR: ______ DP: ______ DS: ______
DA: ______ DT: ______