

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: \_\_\_\_\_ Country: \_\_\_\_\_  
 Telephone (include area code): \_\_\_\_\_ Cell/Mobile: \_\_\_\_\_ Fax (include area code): \_\_\_\_\_  
 Email: \_\_\_\_\_

**Section 3: 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  Clinical Research/Clinical Trials  Experimental and Molecular Therapeutics  Molecular Biology  Radiation Science and Medicine
- Biochemistry and Biophysics  Convergence Cancer Science  Pathology  Pediatric Oncology
- Bioinformatics and Computational Biology  Diagnostics, Biomarkers, Early Detection, and Interception  Genetics  Pediatric Oncology  Surgical Oncology
- Biostatistics  Endocrinology  Genomics and Other 'Omics  Pharmacology  Survivorship Research
- Cancer Disparities Research  Epidemiology  Hematology  Prevention Research  Tumor Biology
- Cell Biology  Epigenetics/Epigenomics  Immunology and Immuno-oncology  Proteomics  Virology
- Chemistry  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, and *Blood Cancer Discovery* journal.

- 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.)
  - 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**  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 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  
 Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_ Total Payment Amount \$ \_\_\_\_\_  
 Print Name \_\_\_\_\_ CSC/CVV Number \_\_\_\_\_  
 Signature \_\_\_\_\_

Please check if billing address is the same as the preferred mailing address in Section 2. If billing address is different, please provide below.

Billing Street Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip or Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

Send required documents to:  
 AACR, 615 Chestnut Street, 17th Floor  
 Philadelphia, PA 19106-4404 or  
 email to [membership@aacr.org](mailto:membership@aacr.org)  
**myAACR.aacr.org**

**FOR OFFICE USE ONLY:**

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