

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 Clinical Research/Clinical Trials Experimental and Molecular Therapeutics Molecular Biology Radiation Science and Medicine
- Biochemistry and Biophysics Convergence Cancer Science Genetics Pathology Surgical Oncology
- Bioinformatics and Computational Biology Diagnostics, Biomarkers, Early Detection, and Interception Genomics and Other 'Omics Pediatric Oncology Survivorship Research
- Biostatistics Hematology Pharmacology Systems Biology
- Cancer Disparities Research Endocrinology Imaging Prevention Research Tumor Biology
- Cell Biology Epidemiology Immunology and Immuno-oncology Proteomics Virology
- Chemistry Epigenetics/Epigenomics Other (please specify) _____

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 | Scientific Working Groups | | |
| <input type="checkbox"/> Minorities in Cancer Research (MICR) | <input type="checkbox"/> Cancer Immunology (CIMM) | <input type="checkbox"/> Molecular Epidemiology (MEG) | <input type="checkbox"/> Radiation Science and Medicine (RSM) |
| <input type="checkbox"/> Women in Cancer Research (WICR) | <input type="checkbox"/> Chemistry in Cancer Research (CICR) | <input type="checkbox"/> Pediatric Cancer (PCWG) | <input type="checkbox"/> 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
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 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:

2021

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