

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 (include area code): _____ 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 (include area code): _____ 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)

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

Section 4: Current Membership Category

- Active Affiliate Associate Student

Section 5: Requested Membership Category

Below are the categories of membership. View the membership brochure or visit the website at AACR.org/Membership for a description of the membership categories then check the box below for the category that best fits your qualifications. All membership categories receive a complimentary online subscription to *Cancer Today* magazine, and *Blood Cancer Discovery* journal. Reduced subscription rates to additional AACR journals are also available to all member categories.

- Active** (Active membership includes an online or print with online subscription to **one** AACR journal of choice. Shipping rates will apply for international members selecting print with online. Please make selection below.)
 - Blood Cancer Discovery* (Free: Available online only)
 - Cancer Discovery* (Intern'l shipping: \$45)
 - Cancer Epidemiology, Biomarkers & Prevention* (Intern'l shipping: \$30)
 - Cancer Immunology Research* (Intern'l shipping: \$30)
 - Cancer Prevention Research* (Intern'l shipping: \$30)
 - Cancer Research* (Intern'l shipping: \$125)
 - Clinical Cancer Research* (Intern'l shipping: \$125)
 - Molecular Cancer Therapeutics* (Intern'l shipping: \$40)
 - Molecular Cancer Research* (Intern'l shipping: \$40)
- 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.)

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 | | |
| <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 Microenvironment (TME) |

Section 7: 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 AACR.org/Membership for a complete listing of countries with emerging economies.) Dues are billed annually on a calendar year.

Member Dues			International Shipping for Complimentary Journal (This applies to Active Membership only; see Section 6 on front side of this application)		
<input type="checkbox"/> Active	\$315	\$ _____	<input type="checkbox"/> Cancer Discovery	\$ 45	\$ _____
Active members located in countries with emerging economies are extended the following dues rates:			<input type="checkbox"/> Cancer Epidemiology, Biomarkers & Prevention	\$ 30	\$ _____
<input type="checkbox"/> Low Income	\$ 20	\$ _____	<input type="checkbox"/> Cancer Immunology Research	\$ 30	\$ _____
<input type="checkbox"/> Lower Middle Income	\$ 30	\$ _____	<input type="checkbox"/> Cancer Prevention Research	\$ 30	\$ _____
<input type="checkbox"/> Middle Income	\$ 50	\$ _____	<input type="checkbox"/> Cancer Research	\$ 125	\$ _____
<input type="checkbox"/> Associate	\$ 0	\$ _____	<input type="checkbox"/> Clinical Cancer Research	\$ 125	\$ _____
No annual dues required.			<input type="checkbox"/> Molecular Cancer Research	\$ 40	\$ _____
<input type="checkbox"/> Affiliate	\$135	\$ _____	<input type="checkbox"/> Molecular Cancer Therapeutics	\$ 40	\$ _____
<input type="checkbox"/> Affiliate Survivor/Advocate	\$ 75	\$ _____	Total International Shipping		\$ _____
<input type="checkbox"/> Student	\$ 0	\$ _____	Total Amount Due for Section 7		\$ _____
No annual dues required.					
Total Member Dues					\$ _____

Section 8: Additional Member Benefits

Premium Member Benefits		Additional Journal Subscription Rates								
<input type="checkbox"/> Certificate of Membership	\$25	\$ _____					Print and Online			
<input type="checkbox"/> AACR Member Pin	\$10	\$ _____	Online Only		US		Outside US			
Total Premium Member Benefits		\$ _____	Journal	Active/Affiliate	Associate	Active/Affiliate	Associate	Active/Affiliate	Associate	
			<input type="checkbox"/> Cancer Discovery	<input type="checkbox"/> \$ 70	<input type="checkbox"/> \$55	<input type="checkbox"/> \$ 90	<input type="checkbox"/> \$ 75	<input type="checkbox"/> \$135	<input type="checkbox"/> \$120	\$ _____
			<input type="checkbox"/> Cancer Epidemiology, Biomarkers & Prevention	<input type="checkbox"/> \$ 55	<input type="checkbox"/> \$45	<input type="checkbox"/> \$ 65	<input type="checkbox"/> \$ 55	<input type="checkbox"/> \$ 95	<input type="checkbox"/> \$ 85	\$ _____
			<input type="checkbox"/> Cancer Immunology Research	<input type="checkbox"/> \$ 55	<input type="checkbox"/> \$45	<input type="checkbox"/> \$ 65	<input type="checkbox"/> \$ 55	<input type="checkbox"/> \$ 95	<input type="checkbox"/> \$ 85	\$ _____
			<input type="checkbox"/> Cancer Prevention Research	<input type="checkbox"/> \$ 55	<input type="checkbox"/> \$45	<input type="checkbox"/> \$ 65	<input type="checkbox"/> \$ 55	<input type="checkbox"/> \$ 95	<input type="checkbox"/> \$ 85	\$ _____
			<input type="checkbox"/> Cancer Research	<input type="checkbox"/> \$120	<input type="checkbox"/> \$95	<input type="checkbox"/> \$150	<input type="checkbox"/> \$125	<input type="checkbox"/> \$275	<input type="checkbox"/> \$250	\$ _____
			<input type="checkbox"/> Clinical Cancer Research	<input type="checkbox"/> \$120	<input type="checkbox"/> \$95	<input type="checkbox"/> \$150	<input type="checkbox"/> \$125	<input type="checkbox"/> \$275	<input type="checkbox"/> \$250	\$ _____
			<input type="checkbox"/> Molecular Cancer Research	<input type="checkbox"/> \$ 85	<input type="checkbox"/> \$70	<input type="checkbox"/> \$105	<input type="checkbox"/> \$ 90	<input type="checkbox"/> \$145	<input type="checkbox"/> \$130	\$ _____
			<input type="checkbox"/> Molecular Cancer Therapeutics	<input type="checkbox"/> \$ 85	<input type="checkbox"/> \$70	<input type="checkbox"/> \$105	<input type="checkbox"/> \$ 90	<input type="checkbox"/> \$145	<input type="checkbox"/> \$130	\$ _____
			Total Journal Subscription							\$ _____
			Total Amount Due for Section 8							\$ _____

Section 9: Total Amount Due

Total Amount Due (Please add Sections 7 and 8 and enter amount here) \$ _____

Section 10: 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 _____ CSC/CVV Number _____

Print Name _____

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: _____

Section 11: Application and Materials Submission

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.

Send all materials along with you Application and membership dues to:

Online: myAACR.aacr.org
Email: membership@aacr.org with a subject heading "Membership Transfer Application"
Fax: 267-765-1078
Mail: AACR, 615 Chestnut Street, 17th Floor • Philadelphia, PA 19106-4404

FOR OFFICE USE ONLY:

2021

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