

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 (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 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)

- | | | | | |
|---|---|--|--|---|
| <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 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 Asian Hispanic/Latino Native Hawaiian/Pacific Islander
- Alaskan Native Caucasian Native American Other (please specify) _____

Gender Male Female Prefer not to answer

Section 6: Member Categories (Select the membership category in which you wish to be reinstated.)

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.)

- | | | |
|--|--|---|
| <input checked="" type="checkbox"/> <i>Blood Cancer Discovery</i> (Free: Available online only) | <input type="checkbox"/> <i>Cancer Immunology Research</i> (Intern'l shipping: \$30) | <input type="checkbox"/> <i>Clinical Cancer Research</i> (Intern'l shipping: \$125) |
| <input type="checkbox"/> <i>Cancer Discovery</i> (Intern'l shipping: \$45) | <input type="checkbox"/> <i>Cancer Prevention Research</i> (Intern'l shipping: \$30) | <input type="checkbox"/> <i>Molecular Cancer Therapeutics</i> (Intern'l shipping: \$40) |
| <input type="checkbox"/> <i>Cancer Epidemiology, Biomarkers & Prevention</i> (Intern'l shipping: \$30) | <input type="checkbox"/> <i>Cancer Research</i> (Intern'l shipping: \$125) | <input type="checkbox"/> <i>Molecular Cancer Research</i> (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.)

Student (Please indicate academic status below; expected graduation date **must** be included.)

- | | | |
|--|---------------------|-----------------------------------|
| <input type="checkbox"/> Undergraduate | Year of Study _____ | Date of Expected Graduation _____ |
| <input type="checkbox"/> 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).]

Check one or more boxes below to join an AACR Constituency or Scientific Working Group.

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 Microenvironment (TME)

Section 8: Reason for Lapse in Membership

- Oversight
- Lack of funding/cost
- Relocation
- Administrative error
- Missed Reminders
- Other _____

Section 9: 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

- Active \$315 \$ _____
Active members located in countries with emerging economies are extended the following dues rates:
 - Low Income \$ 20 \$ _____
 - Lower Middle Income \$ 30 \$ _____
 - Middle Income \$ 50 \$ _____
 - Associate \$ 0 \$ _____
No annual dues required.
 - Affiliate \$135 \$ _____
 - Affiliate Survivor/Advocate \$ 75 \$ _____
 - Student \$ 0 \$ _____
No annual dues required.
- Total Member Dues** \$ _____

International Shipping for Complimentary Journal

(This applies to Active Membership only; see Section 6 on front side of this application)

- Cancer Discovery \$ 45 \$ _____
 - Cancer Epidemiology, Biomarkers & Prevention \$ 30 \$ _____
 - Cancer Immunology Research \$ 30 \$ _____
 - Cancer Prevention Research \$ 30 \$ _____
 - Cancer Research \$ 125 \$ _____
 - Clinical Cancer Research \$ 125 \$ _____
 - Molecular Cancer Research \$ 40 \$ _____
 - Molecular Cancer Therapeutics \$ 40 \$ _____
- Total International Shipping** \$ _____
- Total Amount Due for Section 9** \$ _____

Section 10: Additional Member Benefits

Premium Member Benefits

- Certificate of Membership \$25 \$ _____
 - AACR Member Pin \$10 \$ _____
- Total Premium Member Benefits** \$ _____

Additional Journal Subscription Rates

Journal	Online Only		Print and Online				
	Active/Affiliate	Associate	US		Outside US		
			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 10							\$ _____

Section 11: Total Amount Due

Total Amount Due (Please add Sections 9 and 10 and enter amount here) \$ _____

Section 12: 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 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 3. If billing address is different, please provide below.
- Billing Street Address: _____
- City: _____ State: _____ Zip or Postal Code: _____ Country: _____

Section 13: Application and Materials Submission

Send curriculum vitae, bibliography, and membership dues to:

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

FOR OFFICE USE ONLY:

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