

OFFICIAL MEMBERSHIP APPLICATION 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 (MD. 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): _____ Fmail: **Home Mailing Address** (☐ Preferred mail) Street Address: ____ Building/Apt.: ___ State: _____ Zip or Postal Code: _____ Country: _____ City: Telephone (include area code): _____ Cell/Mobile (include area code): ____ Fax (include area code): ____ Fmail: 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, ☐ Genomics and Other 'Omics ■ Pediatric Oncology ☐ Survivorship Research ■ Biostatistics and Interception ☐ Hematology Pharmacology ☐ Systems Biology ☐ Cancer Disparities Research ■ Endocrinology ☐ Prevention Research ☐ Imaging ☐ Tumor Biology ☐ Cell Biology ☐ Immunology and Immuno-oncology ■ Epidemiology □ 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 that 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: Membership Categories** 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. After review of the applications for membership the Chief Executive Officer will notify candidates of their election or deferral within one month of receipt of the application form. 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.) ☐ Cancer Immunology Research (Intern'l shipping: \$30) ■ Blood Cancer Discovery (Free: Available online only) ☐ Clinical Cancer Research (Intern'l shipping: \$125) ☐ Cancer Prevention Research (Intern'l shipping: \$30) ☐ Molecular Cancer Therapeutics (Intern'l shipping: \$40) ☐ Cancer Discovery (Intern'l shipping: \$45) ☐ Cancer Epidemiology, Biomarkers & Prevention (Intern'l shipping: \$30) ☐ Cancer Research (Intern'l shipping: \$125) ☐ 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.) ☐ **Student** (Please indicate academic status below; expected graduation date **must** be included.)

Section 7: Association Groups

■ Undergraduate

☐ High School

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

Year of Study___

Year of Study

Constituencies
☐ Minorities in Cancer Research (MICR)
☐ Women in Cancer Research (WICR)

Scientific Working Groups ☐ Cancer Evolution (CEWG)

☐ Cancer Immunology (CIMM) ☐ Cancer Prevention (CPWG)

☐ Chemistry in Cancer Research (CICR) ☐ Pediatric Cancer (PCWG)

Date of Expected Graduation _

Date of Expected Graduation

☐ Population Sciences [PSWG; formerly Molecular Epidemiology (MEG)]

☐ Radiation Science and Medicine (RSM) ☐ Tumor Microenvironment (TME)

Section 8: Statement	and Signature of Candida	ate									
I hereby apply for membershi	p in the American Association for (that I will receive communications	Cancer Research. I have read the	qualifications ar ership and parti	nd instructions cipation in As	s and I understand sociation progran	d the privileg ns and activit	es and responsibili ies. I certify that th	ties of this cat ne statements	egory		
Print Name:		Signature of Candidate:	Date:								
Section 9: Nomination	n and Statement of Supp	ort									
	or membership in the American As his candidate adheres to accepted						e candidate is qua	ified for this c	ategory of n	nembership.	
Member No.	Nominator (Print)	Nominator Signature				Date					
Member No.	Nominator (Print)	Nominator Signature				Date					
Section 10: Dues Info	rmation										
Payment for the first year's d	ues must accompany this application							of membershi	p for which	you wish to	
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Active Active members located in	\$315 countries with emerging										
economies are extended t	9 9		☐ Cancer Discovery \$ 45 \$								
☐ Low Income	\$ 20	\$	☐ Cancer Epidemiology, Biomarkers & Prevention \$ 30 \$ ☐ Cancer Immunology Research \$ 30 \$								
☐ Lower Middle Income	\$ 30	\$	— — — — — — — — — — — — — — — — — — —								
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Section 11: Additiona	l Member Benefits										
Premium Member Benefits		Additional Journal Subscription	on Rates								
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☐ AACR Member Pin \$10) \$	Journal	Active/Affiliate	e Associate	Active/Affiliate	Associate	Active/Affiliate	Associate			
Subtotal Premium	Ì	☐ Cancer Discovery	□ \$ 70	□ \$55	□\$ 90	□ \$ 75	□ \$135	□ \$120	\$		
Member Benefits	'	☐ Cancer Epidemiology,	□ \$ 55	□ \$45	□ \$ 65	□ \$ 55	□ \$ 95	□\$85	\$		
	\$	Biomarkers & Prevention	. D ¢	D ¢45	D. ¢. c.r.	D. ¢ . c.	D # 05	D ¢ 05	¢		
Total Premium		☐ Cancer Immunology Research		\$45	□ \$ 65	\$ 55	\$ 95	\$ 85			
member Benefit	\$	☐ Cancer Prevention Research		\$45	□ \$ 65	\$ 55	□ \$ 95	□\$ 85			
		☐ Cancer Research	□ \$120 □ \$120	\$95	\$150	\$125	\$275	\$250			
		☐ Clinical Cancer Research	□ \$120 □ ¢ 05	\$95	\$150	\$125	\$275	\$250	\$		
		☐ Molecular Cancer Research	□ \$ 85	\$70	\$105	□ \$ 90	\$145	\$130			
		☐ Molecular Cancer Therapeuti	ics 🗆 \$ 85	\$70	\$105	□ \$ 90	□\$145	\$130			
			5% GST (if applicable) \$								
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			Total Amo				ount Due for So	ection 11	\$		
Section 12: Total Amo	ount Due										
Total Amount Due (Pleas	e add Sections 10 and 11 and ente	er amount here)			\$						
Section 13: Method o	f Payment										
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Section 14: Procedure	es for Application Submis	ssion									
How to Apply for Membersh											
-	mail: membership@aacr.org • Fax:	: 267-765-1078 • Mail: Membersh	ip Department,	American Ass	ociation for Cance	er Research, 6	15 Chestnut Street	, 17th Floor, Ph	iladelphia, P	A 19106-4404	
Submission Materials The Official AACD Marchage	ahin Analisatian Farm with all resu	cost and information muscrials of Name	ination. Amount	aviata alamatuu	f	(hua alamatu		ati		baiaaa	
	ship Application Form with all requ or Honorary member in good stand								candidates)	MIIO IS 9U	
existing Active, Emeritus, or Honorary member in good standing is required. (Appropriate signatures for Student candidates would include school advisor, mentor, dean, or principal.) A copy of the candidate's most current curriculum vitae and bibliography. (Candidates applying for Student membership should submit a resume.)											
☐ Affiliate and Student Member Candidates Only: Cover letter explaining the reasons for the candidate's interest in joining, his or her particular qualifications for this membership category,											
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feels the candidate should	DA:	:		DT:							