OFFICIAL MEMBERSHIP REINSTATEMENT FORM

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): ___________________________ Date of Expected Graduation: ___________________________
Institute/Company: ___________________________________________ Division: ___________________________

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

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 an 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 Discovery (Intern'l shipping: $45)
□ Cancer Epidemiology, Biomarkers & Prevention (Intern'l shipping: $30)
□ Molecular Cancer Therapeutics (Intern'l shipping: $40)
□ Molecular Cancer Research (Intern'l shipping: $125)
□ Cancer Immunology Research (Intern'l shipping: $30)
□ Clinical Cancer Research (Intern'l shipping: $125)
□ Cancer Prevention Research (Intern'l shipping: $30)
□ 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.)
□ Undergraduate □ High School □ Year of Study: ____________ □ Date of Expected Graduation: ____________
□ 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
  - Minorities in Cancer Research (MICR)
  - Women in Cancer Research (WIRC)
- Scientific Working Groups
  - Cancer Evolution (CEWG)
  - Cancer Immunology (CIMM)
  - Cancer Prevention (CPWG)
  - Chemistry in Cancer Research (CICR)
  - Pediatric Cancer (PCWG)
  - Population Sciences (PSWG; formerly Molecular Epidemiology (MEG))
  - 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. (Candidates residing in Canada should add 5% GST tax). Please select the dues rates based on the category of membership for which you wish to apply. (Refer to the AACR.org/Membership for a complete listing of countries with emerging economies.) Dues are billed annually on a calendar year.

<table>
<thead>
<tr>
<th>Member Dues</th>
<th>Active</th>
<th>$315</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low Income</td>
<td>$20</td>
<td></td>
</tr>
<tr>
<td>Lower Middle Income</td>
<td>$30</td>
<td></td>
</tr>
<tr>
<td>Middle Income</td>
<td>$50</td>
<td></td>
</tr>
<tr>
<td>Associate</td>
<td>$0</td>
<td></td>
</tr>
</tbody>
</table>

No annual dues required.

Subtotal Member Dues $_________

5% GST (if applicable) $_________

Total Member Dues $_________

Section 10: Additional Member Benefits

<table>
<thead>
<tr>
<th>Premium Member Benefits</th>
<th>Certificate of Membership</th>
<th>$25</th>
</tr>
</thead>
<tbody>
<tr>
<td>AACR Member Pin</td>
<td>$10</td>
<td></td>
</tr>
</tbody>
</table>

Subtotal Premium Member Benefits $_________

5% GST (if applicable) $_________

Total Premium Member Benefits $_________

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: ___________