AACR American Association for Cancer Research®

FINDING CURES TOGETHER®

OFFICIAL MEMBERSHIP TRANSFER 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: 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)

❑ 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
❑ Epidemiology
❑ 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 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.)

❑ **Emeritus**

Section 6: Association Groups

Check one or more boxes below to join an of the following Association Groups, please check the appropriate boxes.

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)
❑ Population Sciences [PSWG; formerly Molecular Epidemiology (MEG)]
❑ Radiation Science and Medicine (RSM)
❑ Tumor Microenvironment (TME)

Section 7: 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 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 No annual dues required.	$ 0	$ _____
❑ Affiliate	$135	$ _____
❑ Affiliate Survivor/Advocate	$ 75	$ _____
❑ Student No annual dues required.	$ 0	$ _____
Subtotal Member Dues		$ _____
5% GST (if applicable)		$ _____
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	$ _____
Subtotal International Shipping		$ _____
5% GST (if applicable)		$ _____
Total International Shipping		$ _____

Total Amount Due for Section 7 $ _____

Section 8: Additional Member Benefits

Premium Member Benefits

❑ Certificate of Membership	$25	$ _____
❑ AACR Member Pin	$10	$ _____
Subtotal Premium Member Benefits		$ _____
5% GST (if applicable		$ _____
Total Premium Member Benefits		$ _____

Additional Journal Subscription Rates

	Online Only		Print and Online				
			US		Outside US		
Journal	**Active/Affiliate**	**Associate**	**Active/Affiliate**	**Associate**	**Active/Affiliate**	**Associate**	
❑ *Cancer Discovery*	❑ $ 70	❑ $55	❑ $ 90	❑ $ 75	❑ $135	❑ $120	$ _____
❑ *Cancer Epidemiology, Biomarkers & Prevention*	❑ $ 55	❑ $45	❑ $ 65	❑ $ 55	❑ $ 95	❑ $ 85	$ _____
❑ *Cancer Immunology Research*	❑ $ 55	❑ $45	❑ $ 65	❑ $ 55	❑ $ 95	❑ $ 85	$ _____
❑ *Cancer Prevention Research*	❑ $ 55	❑ $45	❑ $ 65	❑ $ 55	❑ $ 95	❑ $ 85	$ _____
❑ *Cancer Research*	❑ $120	❑ $95	❑ $150	❑ $125	❑ $275	❑ $250	$ _____
❑ *Clinical Cancer Research*	❑ $120	❑ $95	❑ $150	❑ $125	❑ $275	❑ $250	$ _____
❑ *Molecular Cancer Research*	❑ $ 85	❑ $70	❑ $105	❑ $ 90	❑ $145	❑ $130	$ _____
❑ *Molecular Cancer Therapeutics*	❑ $ 85	❑ $70	❑ $105	❑ $ 90	❑ $145	❑ $130	$ _____
					Subtotal Journal Subscriptions		$ _____
					5% GST (if applicable)		$ _____
					Total Journal Subscriptions		$ _____

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: 2021-2022

DR: _____ DP: _____ DS: _____

DA: _____ DT: _____