

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](http://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.

- |   |   |  |  |
|---|---|--|--|
| <b>Constituencies</b>   | <b>Scientific Working Groups</b>                  |  |  |
| <input type="checkbox"/> Minorities in Cancer Research (MICR) | <input type="checkbox"/> Cancer Evolution (CEWG)  | <input type="checkbox"/> Chemistry in Cancer Research (CICR) | <input type="checkbox"/> Population Sciences [PSWG; formerly Molecular Epidemiology (MEG)] |
| <input type="checkbox"/> Women in Cancer Research (WICR)      | <input type="checkbox"/> Cancer Immunology (CIMM) | <input type="checkbox"/> Pediatric Cancer (PCWG)             | <input type="checkbox"/> Radiation Science and Medicine (RSM)                              |
|   | <input type="checkbox"/> Cancer Prevention (CPWG) |  | <input type="checkbox"/> 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

<input type="checkbox"/> Active	\$315	\$ _____
Active members located in countries with emerging economies are extended the following dues rates:		
<input type="checkbox"/> Low Income	\$ 20	\$ _____
<input type="checkbox"/> Lower Middle Income	\$ 30	\$ _____
<input type="checkbox"/> Middle Income	\$ 50	\$ _____
<input type="checkbox"/> Associate	\$ 0	\$ _____
No annual dues required.		
<input type="checkbox"/> Affiliate	\$135	\$ _____
<input type="checkbox"/> Affiliate Survivor/Advocate	\$ 75	\$ _____
<input type="checkbox"/> Student	\$ 0	\$ _____
No annual dues required.		
<input type="checkbox"/> Emeritus	\$ 0	\$ _____
<input type="checkbox"/> Optional Assessment	\$ 35	\$ _____
<b>Subtotal Member Dues</b>		\$ _____
<b>5% GST (if applicable)</b>		\$ _____
<b>Total Member Dues</b>		\$ _____

### International Shipping for Complimentary Journal

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

<input type="checkbox"/> Cancer Discovery	\$ 45	\$ _____
<input type="checkbox"/> Cancer Epidemiology, Biomarkers & Prevention	\$ 30	\$ _____
<input type="checkbox"/> Cancer Immunology Research	\$ 30	\$ _____
<input type="checkbox"/> Cancer Prevention Research	\$ 30	\$ _____
<input type="checkbox"/> Cancer Research	\$ 125	\$ _____
<input type="checkbox"/> Clinical Cancer Research	\$ 125	\$ _____
<input type="checkbox"/> Molecular Cancer Research	\$ 40	\$ _____
<input type="checkbox"/> Molecular Cancer Therapeutics	\$ 40	\$ _____
<b>Subtotal International Shipping</b>		\$ _____
<b>5% GST (if applicable)</b>		\$ _____
<b>Total International Shipping</b>		\$ _____

**Total Amount Due for Section 7** \$ \_\_\_\_\_

## Section 8: Additional Member Benefits

### Premium Member Benefits

<input type="checkbox"/> Certificate of Membership	\$25	\$ _____
<input type="checkbox"/> AACR Member Pin	\$10	\$ _____
<b>Subtotal Premium Member Benefits</b>		\$ _____
<b>5% GST (if applicable)</b>		\$ _____
<b>Total Premium Member Benefits</b>		\$ _____

### Additional Journal Subscription Rates

Journal	Online Only			Print and Online				
	Active/Affiliate/ Emeritus	Associate	Emeritus	US		Outside US		
				Active/Affiliate/ Emeritus	Associate	Active/Affiliate/ Emeritus	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	\$ _____	
<b>Subtotal Journal Subscriptions</b>								\$ _____
<b>5% GST (if applicable)</b>								\$ _____
<b>Total Journal Subscriptions</b>								\$ _____
<b>Total Amount Due for Section 8</b>								\$ _____

## 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: \_\_\_\_\_