

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): _____
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 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, and Interception Genomics and Other 'Omics Pediatric Oncology Survivorship Research
- Biostatistics Hematology Pharmacology Prevention Research Systems Biology
- Cancer Disparities Research Endocrinology Immunology and Immuno-oncology Proteomics Tumor Biology
- Cell Biology Epidemiology Other (please specify) _____ Virology
- Chemistry Epigenetics/Epigenomics

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. Included in all membership categories is free online access to the digital edition of *Cancer Today* magazine. Reduced subscription rates to additional AACR journals are also available to all member categories. In addition, the new AACR open access journal, *Cancer Research Communications*, is available for free to all interested through AACRJournals.org.

Active (Active membership includes a complimentary online subscription to **one** AACR journal of choice. Please make selection below.)

- Blood Cancer Discovery Cancer Immunology Research Clinical Cancer Research
- Cancer Discovery Cancer Prevention Research Molecular Cancer Therapeutics
- Cancer Epidemiology, Biomarkers & Prevention Cancer Research Molecular Cancer Research

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 Year of Study _____ Date of Expected Graduation _____
- High School Year of Study _____ Date of Expected Graduation _____

Section 7: Association Groups

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 Evolution (CEWG) Cancer Immunology (CIMM) Cancer Prevention (CPWG) Chemistry in Cancer Research (CICR) Pediatric Cancer (PCWG) Population Sciences (PSWG) Radiation Science and Medicine (RSM) Tumor Microenvironment (TME)

Section 8: Statement and Signature of Candidate

I hereby apply for membership in the American Association for Cancer Research. I have read the qualifications and instructions and I understand the privileges and responsibilities of this category of membership. I understand that I will receive communications from AACR regarding my membership and participation in Association programs and activities. I certify that the statements on this application are true.

Print Name: _____ Signature of Candidate: _____ Date: _____

Section 9: Nomination and Statement of Support

I recommend this candidate for membership in the American Association for Cancer Research and acknowledge by signing this statement of support that the candidate is qualified for this category of membership. Further, I acknowledge that this candidate adheres to accepted ethical scientific standards and has or will make long-term contributions to cancer research.

Member No. _____	Nominator (Print) _____	Nominator Signature _____	Date _____
Member No. _____	Nominator (Print) _____	Nominator Signature _____	Date _____

Section 10: 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	\$ _____	<input type="checkbox"/> Associate	\$ 0
Active members located in countries with emerging economies are extended the following dues rates:			No annual dues required.	
<input type="checkbox"/> Low Income	\$ 20	\$ _____	<input type="checkbox"/> Affiliate	\$135
<input type="checkbox"/> Lower Middle Income	\$ 30	\$ _____	<input type="checkbox"/> Affiliate Survivor/Advocate	\$ 75
<input type="checkbox"/> Middle Income	\$ 50	\$ _____	<input type="checkbox"/> Student	\$ 0
			No annual dues required.	
	Subtotal Active Dues	\$ _____	Subtotal Associate, Affiliate, or Student Dues	
	5% GST (if applicable)	\$ _____	5% GST (if applicable)	
	Total Active Dues	\$ _____	Total Associate, Affiliate, or Student Dues	
			Total Amount Due for Section 10	
			\$ _____	

Section 11: Additional Member Benefits

Premium Member Benefits		Additional Journal Subscription Rates		
<input type="checkbox"/> Certificate of Membership	\$50	\$ _____		
<input type="checkbox"/> AACR Member Pin	\$20	\$ _____		
	Subtotal Premium Member Benefits	\$ _____		
	5% GST (if applicable)	\$ _____		
	Total Premium Member Benefits	\$ _____		
			Journal	
			<input type="checkbox"/> <i>Blood Cancer Discovery</i>	<input type="checkbox"/> \$100.00
			<input type="checkbox"/> <i>Cancer Discovery</i>	<input type="checkbox"/> \$120.00
			<input type="checkbox"/> <i>Cancer Epidemiology, Biomarkers & Prevention</i>	<input type="checkbox"/> \$ 70.00
			<input type="checkbox"/> <i>Cancer Immunology Research</i>	<input type="checkbox"/> \$100.00
			<input type="checkbox"/> <i>Cancer Prevention Research</i>	<input type="checkbox"/> \$ 70.00
			<input type="checkbox"/> <i>Cancer Research</i>	<input type="checkbox"/> \$100.00
			<input type="checkbox"/> <i>Clinical Cancer Research</i>	<input type="checkbox"/> \$100.00
			<input type="checkbox"/> <i>Molecular Cancer Research</i>	<input type="checkbox"/> \$ 70.00
			<input type="checkbox"/> <i>Molecular Cancer Therapeutics</i>	<input type="checkbox"/> \$ 70.00
				Subtotal Journal Subscriptions
				5% GST (if applicable)
				Total Journal Subscriptions
				Total Amount Due for Section 11
				\$ _____

Section 12: Total Amount Due

Total Amount Due (Please add Sections 10 and 11 and enter amount here) \$ _____

Section 13: 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 3. The billing address provided must match the card billing address. If billing address is different, please provide below.

Billing Street Address: _____

City: _____ State: _____ Zip or Postal Code: _____ Country: _____

Section 14: Procedures for Application Submission

How to Apply for Membership
Online: myAACR.aacr.org • **Email:** membership@aacr.org • **Fax:** 267-765-1078 • **Mail:** Membership Department, American Association for Cancer Research, 615 Chestnut Street, 17th Floor, Philadelphia, PA 19106-4404

Submission Materials

- The Official AACR Membership Application Form with all requested information provided. Nomination: Appropriate signature of a nominator (two signatures required for Active member candidates) who is an 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, and the benefit(s) he or she expects to derive from becoming a member.
- Affiliate Member Candidates Only:** At least one recommendation letter from an Active, Emeritus, or Honorary Member which comments on the candidate's current research activity, the specific role the candidate has within the department, and why the nominator feels the candidate should apply for Affiliate rather than Active or Associate membership.

FOR OFFICE USE ONLY:			2023-2024
DR: _____	DP: _____	DS: _____	
DA: _____	DT: _____		