

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 (M.D, 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  Genomics and Other 'Omics  Pediatric Oncology  Survivorship Research

Biostatistics  Detection, and Interception  Hematology  Pharmacology  Systems Biology

Cancer Disparities Research  Endocrinology  Imaging  Prevention Research  Tumor Biology

Cell Biology  Epidemiology  Immunology and Immuno-oncology  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 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 a complimentary online subscription to *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** [If you belonged to or wish to join any of the following Association Groups, please check the appropriate box(es).]

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: 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.

Member Dues table with columns for category, amount, and subtotal. Includes Active, Associate, Affiliate, and Student categories with various income levels and dues rates.

**Section 10: Additional Member Benefits**

Premium Member Benefits and Additional Journal Subscription Rates table. Includes options for Certificate of Membership, AACR Member Pin, and various journal subscriptions with pricing for Active and All Other Members.

**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.)

Payment method options: Check or Money order, Visa, MasterCard, American Express. Includes fields for Card Number, Expiration Date, CSC/CVV Number, Print Name, Signature, and Billing Address.

**Section 13: Application and Materials Submission**

Send curriculum vitae, bibliography, and membership dues to: Online: myAACR.aacr.org, Email: membership@aacr.org, Fax: 267-765-1078, Mail: AACR, 615 Chestnut Street, 17th Floor • Philadelphia, PA 19106-4404

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