

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 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. 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.)

- | | | |
|--|--|---|
| <input type="checkbox"/> <i>Blood Cancer Discovery</i> | <input type="checkbox"/> <i>Cancer Immunology Research</i> | <input type="checkbox"/> <i>Clinical Cancer Research</i> |
| <input type="checkbox"/> <i>Cancer Discovery</i> | <input type="checkbox"/> <i>Cancer Prevention Research</i> | <input type="checkbox"/> <i>Molecular Cancer Therapeutics</i> |
| <input type="checkbox"/> <i>Cancer Epidemiology, Biomarkers & Prevention</i> | <input type="checkbox"/> <i>Cancer Research</i> | <input type="checkbox"/> <i>Molecular Cancer Research</i> |

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 | Scientific Working Groups | <input type="checkbox"/> Cancer Prevention (CPWG) | <input type="checkbox"/> Pediatric Cancer (PCWG) | <input type="checkbox"/> Radiation Science and Medicine (RSM) |
| <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) | <input type="checkbox"/> Tumor Microenvironment (TME) |
| <input type="checkbox"/> Women in Cancer Research (WICR) | <input type="checkbox"/> Cancer Immunology (CIMM) | | | |

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	\$ _____	<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		\$ _____	<input type="checkbox"/> Emeritus	\$ 0	\$ _____
5% GST (if applicable)		\$ _____	<input type="checkbox"/> Optional Assessment \$ 35 \$ _____		
Total Active Dues		\$ _____	Subtotal Associate, Affiliate, or Student Dues \$ _____		
			5% GST (if applicable) \$ _____		
			Total Associate, Affiliate, or Student Dues \$ _____		
			Total Amount Due for Section 7 \$ _____		

Section 8: Additional Member Benefits

Premium Member Benefits		Additional Journal Subscription Rates		Online Only	
<input type="checkbox"/> Certificate of Membership	\$50 \$ _____	Journal	Active Members (Price includes 20% discount)	All Other Members	
<input type="checkbox"/> AACR Member Pin	\$20 \$ _____	<input type="checkbox"/> Blood Cancer Discovery	<input type="checkbox"/> \$100.00	<input type="checkbox"/> \$125.00	\$ _____
Subtotal Premium Member Benefits	\$ _____	<input type="checkbox"/> Cancer Discovery	<input type="checkbox"/> \$120.00	<input type="checkbox"/> \$150.00	\$ _____
5% GST (if applicable)	\$ _____	<input type="checkbox"/> Cancer Epidemiology, Biomarkers & Prevention	<input type="checkbox"/> \$ 70.00	<input type="checkbox"/> \$ 85.00	\$ _____
Total Premium Member Benefits	\$ _____	<input type="checkbox"/> Cancer Immunology Research	<input type="checkbox"/> \$100.00	<input type="checkbox"/> \$125.00	\$ _____
		<input type="checkbox"/> Cancer Prevention Research	<input type="checkbox"/> \$ 70.00	<input type="checkbox"/> \$ 85.00	\$ _____
		<input type="checkbox"/> Cancer Research	<input type="checkbox"/> \$100.00	<input type="checkbox"/> \$125.00	\$ _____
		<input type="checkbox"/> Clinical Cancer Research	<input type="checkbox"/> \$100.00	<input type="checkbox"/> \$125.00	\$ _____
		<input type="checkbox"/> Molecular Cancer Research	<input type="checkbox"/> \$ 70.00	<input type="checkbox"/> \$ 85.00	\$ _____
		<input type="checkbox"/> Molecular Cancer Therapeutics	<input type="checkbox"/> \$ 70.00	<input type="checkbox"/> \$ 85.00	\$ _____
				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. 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 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:

2023-2024

DR: _____ DP: _____ DS: _____
DA: _____ DT: _____