

☐ Minorities in Cancer Research (MICR)

☐ Women in Cancer Research (WICR)

☐ Cancer Evolution (CEWG)

☐ Cancer Immunology (CIMM)

☐ Cancer Prevention (CPWG)

## 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

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SECTION 1: CANDI	DATE INFORMAT	ION (Please type or print clearly)			
		First Name:		Middle Initial:	
Institute/Company:					
Division:					
			ree. (Indicate multiple degrees as app	propriate, 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: CONT	ACT INFORMATIO	N (Please type or print clearly)			
Institute/Company Mai					
	_		Building/Room:		
			State:		
Telephone (include area code):		Cell/Mobile (include area code): _		Fax (include area code):	
Email:					
<b>Home Mailing Address</b>	(□ 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: SCIEN	ITIFIC RESEARCH				
Major Focus (Please check or					
☐ Advocacy	Business	☐ Clinical Practice	☐ Regulatory Science	Research Administration	☐ Translational Research
■ Basic Science  Research Areas of Expe	Development ertise/Interest (Please check	Clinical Research	and Health Policy	☐ Science Education and Training	
☐ Aging and Cancer	☐ Chemistry and Chemical Biology	☐ Drug Discovery	☐ Genomics, Proteomics,	☐ Microbiome Research	☐ Survivorship Research
☐ Behavioral and Implementation Science	☐ Cancer Evolution	and Development  ☐ Drug Resistance and Toxicity	and Other 'Omics ☐ Geriatric Oncology	<ul><li>■ Molecular Biology</li><li>■ Oncology Nursing</li></ul>	<ul><li>☐ Systems Biology</li><li>☐ Translational Research</li></ul>
☐ Biochemistry and Biophysics	☐ Cancer Metabolism ☐ Cancer Modeling	☐ Early Detection	☐ Hematology and	☐ Pathology	☐ Tumor Biology and
<ul><li>☐ Bioengineering</li><li>☐ Bioinformatics, Computational</li></ul>	☐ Clinical Research/Clinical Trials ☐ Community Practice	and Interception  ☐ Endocrinology	Hematologic Malignancies  Imaging and Theranostics	<ul><li>☐ Pediatric Oncology</li><li>☐ Pharmacology and Toxicology</li></ul>	Tumor Microenvironment  Other (please specify)
Biology, and Data Science	☐ Convergence	☐ Epigenetics☐ Experimental and	Immunology, Immuno-	■ Population Sciences	
<ul><li>☐ Biostatistics</li><li>☐ Cancer Disparities Research</li></ul>	Cancer Science  ☐ Developmental Biology	Molecular Therapeutics	oncology, and Inflammation  Infectious Agents and	<ul><li>□ Prevention Research</li><li>□ Radiation Science and Medicine</li></ul>	
☐ Cell Biology	☐ Diagnostics and Biomarkers	☐ Genetics	Oncogenesis	☐ Surgical Oncology	
SECTION 4: CURR	ENT MEMBERSHIP	CATEGORY			
	sociate				
SECTION 5: REQU	ECTED MEMBEDO	HID CATEGODY			
			/Membership for a description of the	membership categories then shock t	the hov helow for the category that
best fits your qualifications. All mer	mbership categories receive a comp	olimentary online subscription to Car	ncer Today magazine. Reduced subscr for free to all interested through AACI	ription rates to additional AACR journ	
☐ Active (Active membership included Blood Cancer Discovery	des a complimentary online subscrip	otion to <b>one</b> AACR journal of choice. I	Please make selection below.)   — Clinical Cancer Reserved  — Clinical Cancer Reserved  — Clinical Cancer Reserved	oarch	
☐ Cancer Discovery		☐ Cancer Prevention Research	☐ Molecular Cancer T	herapeutics	
☐ Cancer Epidemiology, Biomai		☐ Cancer Research	☐ Molecular Cancer R	esearch	
☐ <b>Associate</b> (Please indicate level☐ Graduate Student☐ ☐ Med	*	☐ Clinical Fellow ☐ Postdoctora	al Fellow		
		h. Special rates offered to Advocates	s and Survivors.)		
☐ Emeritus					
SECTION 6: ASSO	CIATION GROUPS				
Check one or more boxes below to join an of the following Association Groups, please check the appropriate boxes.					
Constituencies	Scientific Working	g Groups			

☐ Chemistry in Cancer Research (CICR)

☐ Hematologic Malignancies (HMWG)

☐ Pathology in Cancer Research (PICR)

☐ Pediatric Cancer (PCWG)

☐ Population Sciences (PSWG)

☐ Radiation Science and Medicine (RSM)

☐ Tumor Microenvironment (TME)

SECTION 7: DUES	S INFORMATIO	N			
			d add 5% GST tax). Please select the dues rate		nbership for which you wish to
	te at AACR.org/Membership	for a complete listing of countries with em	erging economies.) Dues are billed annually o	n a calendar year.	
Member Dues  ☐ Active	\$315	¢	☐ Associate (No annual dues requi	ired) No Fee	\$
☐ Active (Countries building	No Fee	\$ \$	☐ Affiliate	\$135	\$
cancer research capabilities)	Notec	Ψ	☐ Affiliate Survivor/Advocate	\$ 75	\$
S	Subtotal Active Dues	\$	Student (No annual dues require	ed) No Fee	\$
59	6 GST (if applicable)	\$	Emeritus (No annual dues requirements)	•	
	Total Active Dues	\$	Optional Assessment	\$ 35	\$
				Subtotal Affiliate Dues	\$
				5% GST (if applicable) Total Affiliate Dues	\$ \$
					Φ
			Total Am	ount Due for Section 7	\$
<b>SECTION 8: ADD</b>	ITIONAL MEMB	ER BENEFITS			
Premium Member Ben		<b>Additional Journal Subse</b>	cription Rates		
☐ Certificate of \$50			Online	Only	
Membership		11	Active Members	All Other Members	
	\$	Journal  Di Pland Cancer Discovery	(Price includes 20% discount)	All Other Members  \$125.00	¢
Subtotal Premium Member Benefits	\$	☐ Blood Cancer Discovery ☐ Cancer Discovery	□ \$100.00 □ \$120.00	\$150.00	\$ \$
		☐ Cancer Epidemiology,	□ \$ 70.00	\$130.00	\$
Total Premium	\$	Biomarkers & Prevention	<b>3</b> \$ 70.00	<u></u> φ 00.00	Ψ
	\$	☐ Cancer Immunology Research	\$100.00	<b>\$125.00</b>	\$
		☐ Cancer Prevention Research	□ \$ 70.00	□ \$ 85.00	\$
		☐ Cancer Research	\$100.00	<b>\$125.00</b>	\$
		Clinical Cancer Research	□ \$100.00	<b>\$125.00</b>	\$
		☐ Molecular Cancer Research	□ \$ 70.00	□ \$ 85.00	\$
		☐ Molecular Cancer Therapeutics	\$ 70.00	□ \$ 85.00	\$
			Si	ubtotal Journal Subscriptions	\$
				5% GST (if applicable)	\$
				Total Journal Subscriptions	\$
			Total A	mount Due for Section 8	\$
SECTION 9: TOTA	AL AMOUNT DI	IE			
			<b>d</b>		
Total Amount Due (Please a	ad Sections / and 8 and ente	er amount nere)	\$		
SECTION 10: ME	THOD OF PAYN	1ENT			
☐ Check or Money order enclose	ed, payable to the American A	Association for Cancer Research, in U.S. cur	rency, 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	s the same as the preferred ma	ailing address in Section 2. The billing addres	ss provided must match the card billing address.	. If billing address is different, plea	ase provide below.
Billing Street Address:					
City:		Stat	e: Zip or Postal Code:	Country: _	
SECTION 11: APPI	LICATION AND	MATERIALS SUBMISS	ION		
Please submit the following mate					
Current Curriculum Vitae					
		s for his/her request for transfer.			
-		one letter of recommendation from an Activ	· · · · · · · · · · · · · · · · · · ·		
	nip category dues must be pa ompany this Transfer Request	aid prior to submission of the Transfer Requ Form.	est Form. If current dues are not yet		
F	. , ,				
Send all materials along with you	Application and membership	dues to:			
Online: myAACR.aacr.org					
· =	org with a subject heading "l	Membership Transfer Application"			
Fax: 267-765-1078	Charact 17th 51 - 20 " 1 " 1	:- DA 1010C AACA			
Maii: AACR, 615 Chestnut S	Street, 17th Floor • Philadelph	ia, PA 19106-4404			

FOR OFFICE USE ONLY:		2025
DR:	DP:	DS:
DA:	DT:	