

AACR MEMBERSHIP VERIFICATION LETTER REQUEST FORM

CONTACT INFORMATION (Please type or print clearly)

AACR Member ID #: _____
Last Name: _____ First Name: _____ Middle Initial: _____
Title and Dept.: _____
Institute/Company: _____
Division: _____
Street Address: _____
Building/Room: _____
City: _____ State: _____ Zip or Postal Code: _____
Country: _____
Telephone (include area code): _____ Fax (include area code): _____
Email (to send an electronic copy of the Verification Letter): _____

Is this a new address that should be updated in the AACR database? Yes No

VERIFICATION LETTER REQUEST (Please type or print clearly)

The purpose of this Verification Letter:

Visa/Permanent Residency application Job application Membership verification

Other, please explain: _____

Do you require the Certification Letter to be sent to the address provided above?

Yes No, please use the address listed below

Street Address: _____
Building/Room: _____
City: _____ State: _____ Zip or Postal Code: _____
Country: _____

Member Signature: _____

Date: _____

PROCEDURES FOR SUBMISSION

Please submit this request form by mail, fax, or email to:

Membership Department
American Association for Cancer Research
615 Chestnut Street, 17th Floor
Philadelphia, PA 19106
Fax: (267) 765-1078
Email: membership@aacr.org