

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  Imaging  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](http://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. All membership categories receive a complimentary online subscription to *Cancer Today* magazine, and *Blood Cancer Discovery* journal. Reduced subscription rates to additional AACR journals are also available to all member categories.

- Active** (Active membership includes an online or print with online subscription to **one** AACR journal of choice. Shipping rates will apply for international members selecting print with online. Please make selection below.)
  - Blood Cancer Discovery* (Free: Available online only)  *Cancer Immunology Research* (Intern'l shipping: \$30)  *Clinical Cancer Research* (Intern'l shipping: \$125)
  - Cancer Discovery* (Intern'l shipping: \$45)  *Cancer Prevention Research* (Intern'l shipping: \$30)  *Molecular Cancer Therapeutics* (Intern'l shipping: \$40)
  - Cancer Epidemiology, Biomarkers & Prevention* (Intern'l shipping: \$30)  *Cancer Research* (Intern'l shipping: \$125)  *Molecular Cancer Research* (Intern'l shipping: \$40)
- 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 Immunology (CIMM)
  - Chemistry in Cancer Research (CICR)
  - Molecular Epidemiology (MEG)
  - Pediatric Cancer (PCWG)
  - 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. 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	\$ _____	<b>International Shipping for Complimentary Journal</b> (This applies to Active Membership only; see Section 6 on front side of this application)		
Active members located in countries with emerging economies are extended the following dues rates:			<input type="checkbox"/> <i>Cancer Discovery</i>	\$ 45	\$ _____
<input type="checkbox"/> Low Income	\$ 20	\$ _____	<input type="checkbox"/> <i>Cancer Epidemiology, Biomarkers &amp; Prevention</i>	\$ 30	\$ _____
<input type="checkbox"/> Lower Middle Income	\$ 30	\$ _____	<input type="checkbox"/> <i>Cancer Immunology Research</i>	\$ 30	\$ _____
<input type="checkbox"/> Middle Income	\$ 50	\$ _____	<input type="checkbox"/> <i>Cancer Prevention Research</i>	\$ 30	\$ _____
<input type="checkbox"/> Associate	\$ 0	\$ _____	<input type="checkbox"/> <i>Cancer Research</i>	\$ 125	\$ _____
No annual dues required.			<input type="checkbox"/> <i>Clinical Cancer Research</i>	\$ 125	\$ _____
<input type="checkbox"/> Affiliate	\$135	\$ _____	<input type="checkbox"/> <i>Molecular Cancer Research</i>	\$ 40	\$ _____
<input type="checkbox"/> Affiliate Survivor/Advocate	\$ 75	\$ _____	<input type="checkbox"/> <i>Molecular Cancer Therapeutics</i>	\$ 40	\$ _____
<input type="checkbox"/> Student	\$ 0	\$ _____	<b>Total International Shipping</b> \$ _____		
No annual dues required.			<b>Total Amount Due for Section 10</b> \$ _____		
<b>Total Member Dues</b> \$ _____					

## Section 11: Additional Member Benefits

<b>Premium Member Benefits</b>		<b>Additional Journal Subscription Rates</b>								
<input type="checkbox"/> Certificate of Membership	\$25	\$ _____	<b>Online Only</b>				<b>Print and Online</b>			
<input type="checkbox"/> AACR Member Pin	\$10	\$ _____			<b>US</b>		<b>Outside US</b>			
<b>Total Premium Member Benefits</b> \$ _____			<b>Journal</b>	<b>Active/Affiliate</b>	<b>Associate</b>	<b>Active/Affiliate</b>	<b>Associate</b>	<b>Active/Affiliate</b>	<b>Associate</b>	
			<input type="checkbox"/> <i>Cancer Discovery</i>	<input type="checkbox"/> \$ 70	<input type="checkbox"/> \$55	<input type="checkbox"/> \$ 90	<input type="checkbox"/> \$ 75	<input type="checkbox"/> \$135	<input type="checkbox"/> \$120	\$ _____
			<input type="checkbox"/> <i>Cancer Epidemiology, Biomarkers &amp; Prevention</i>	<input type="checkbox"/> \$ 55	<input type="checkbox"/> \$45	<input type="checkbox"/> \$ 65	<input type="checkbox"/> \$ 55	<input type="checkbox"/> \$ 95	<input type="checkbox"/> \$ 85	\$ _____
			<input type="checkbox"/> <i>Cancer Immunology Research</i>	<input type="checkbox"/> \$ 55	<input type="checkbox"/> \$45	<input type="checkbox"/> \$ 65	<input type="checkbox"/> \$ 55	<input type="checkbox"/> \$ 95	<input type="checkbox"/> \$ 85	\$ _____
			<input type="checkbox"/> <i>Cancer Prevention Research</i>	<input type="checkbox"/> \$ 55	<input type="checkbox"/> \$45	<input type="checkbox"/> \$ 65	<input type="checkbox"/> \$ 55	<input type="checkbox"/> \$ 95	<input type="checkbox"/> \$ 85	\$ _____
			<input type="checkbox"/> <i>Cancer Research</i>	<input type="checkbox"/> \$120	<input type="checkbox"/> \$95	<input type="checkbox"/> \$150	<input type="checkbox"/> \$125	<input type="checkbox"/> \$275	<input type="checkbox"/> \$250	\$ _____
			<input type="checkbox"/> <i>Clinical Cancer Research</i>	<input type="checkbox"/> \$120	<input type="checkbox"/> \$95	<input type="checkbox"/> \$150	<input type="checkbox"/> \$125	<input type="checkbox"/> \$275	<input type="checkbox"/> \$250	\$ _____
			<input type="checkbox"/> <i>Molecular Cancer Research</i>	<input type="checkbox"/> \$ 85	<input type="checkbox"/> \$70	<input type="checkbox"/> \$105	<input type="checkbox"/> \$ 90	<input type="checkbox"/> \$145	<input type="checkbox"/> \$130	\$ _____
			<input type="checkbox"/> <i>Molecular Cancer Therapeutics</i>	<input type="checkbox"/> \$ 85	<input type="checkbox"/> \$70	<input type="checkbox"/> \$105	<input type="checkbox"/> \$ 90	<input type="checkbox"/> \$145	<input type="checkbox"/> \$130	\$ _____
			<b>Total Journal Subscription</b>							\$ _____
			<b>Total Amount Due for Section 11</b>							\$ _____

## 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. 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:			2021
DR: _____	DP: _____	DS: _____	
DA: _____	DT: _____		