

**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)

- Advocacy  Business  Clinical Practice  Regulatory Science  Research Administration  Translational Research
- Basic Science  Development  Clinical Research  and Health Policy  Science Education and Training

**Research Areas of Expertise/Interest** (Please check only one)

- Aging and Cancer  Chemistry and Chemical Biology  Drug Discovery and Development  Genomics, Proteomics, and Other 'Omics  Microbiome Research  Survivorship Research
- Behavioral and Implementation Science  Cancer Evolution  Drug Resistance and Toxicity  Geriatric Oncology  Molecular Biology  Systems Biology
- Biochemistry and Biophysics  Cancer Metabolism  Early Detection and Interception  Hematology and Hematologic Malignancies  Oncology Nursing  Translational Research
- Bioengineering  Cancer Modeling  Endocrinology  Imaging and Theranostics  Pathology  Tumor Biology and Tumor Microenvironment
- Bioinformatics, Computational Biology, and Data Science  Clinical Research/Clinical Trials  Epigenetics  Immunology, Immunology, and Inflammation  Population Sciences  Other (please specify) \_\_\_\_\_
- Biostatistics  Convergence Cancer Science  Experimental and Molecular Therapeutics  Prevention Research  Radiation Science and Medicine \_\_\_\_\_
- Cancer Disparities Research  Developmental Biology  Genetics  Infectious Agents and Oncogenesis  Surgical Oncology \_\_\_\_\_
- Cell Biology  Diagnostics and Biomarkers \_\_\_\_\_

**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 or Black  Asian  Caucasian  Native American  Other (please specify) \_\_\_\_\_
- Alaskan Native  Asian American  Hispanic/Latino  Pacific Islander of Native Hawaiian

**Gender**  Male  Female  Nonbinary  Prefer not to disclose

**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. Included in all membership categories is free online access to the digital edition of *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 Epidemiology, Biomarkers & Prevention  Cancer Immunology Research  Clinical Cancer Research  Molecular Cancer Research
  - Cancer Discovery  Cancer Prevention Research  Cancer Research  Molecular Cancer Therapeutics
- 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 Evolution (CEWG)
  - Cancer Immunology (CIIM)
  - Cancer Prevention (CPWG)
  - 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 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 (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 (No annual dues required)	No Fee	\$ _____
<input type="checkbox"/> Active (Countries building cancer research capabilities)	No Fee	\$ _____	<input type="checkbox"/> Affiliate	\$135	\$ _____
			<input type="checkbox"/> Affiliate Survivor/Advocate	\$ 75	\$ _____
			<input type="checkbox"/> Student (No annual dues required)	No Fee	\$ _____
<b>Subtotal Active Dues</b>		\$ _____	<b>Subtotal Affiliate Dues</b>		\$ _____
<b>5% GST (if applicable)</b>		\$ _____	<b>5% GST (if applicable)</b>		\$ _____
<b>Total Active Dues</b>		\$ _____	<b>Total Affiliate Dues</b>		\$ _____

**Total Amount Due for Section 10** \$ \_\_\_\_\_

## SECTION 11: ADDITIONAL MEMBER BENEFITS

### Premium Member Benefits

Certificate of Membership \$50 \$ \_\_\_\_\_

AACR Member Pin \$20 \$ \_\_\_\_\_

**Subtotal Premium Member Benefits** \$ \_\_\_\_\_

**5% GST (if applicable)** \$ \_\_\_\_\_

**Total Premium Member Benefits** \$ \_\_\_\_\_

### Additional Journal Subscription Rates

#### Journal

*Blood Cancer Discovery*

*Cancer Discovery*

*Cancer Epidemiology, Biomarkers & Prevention*

*Cancer Immunology Research*

*Cancer Prevention Research*

*Cancer Research*

*Clinical Cancer Research*

*Molecular Cancer Research*

*Molecular Cancer Therapeutics*

#### Online Only

#### Active Members (Price includes 20% discount)

#### All Other Members

<input type="checkbox"/> \$100.00	<input type="checkbox"/> \$125.00	\$ _____
<input type="checkbox"/> \$120.00	<input type="checkbox"/> \$150.00	\$ _____
<input type="checkbox"/> \$ 70.00	<input type="checkbox"/> \$ 85.00	\$ _____
<input type="checkbox"/> \$100.00	<input type="checkbox"/> \$125.00	\$ _____
<input type="checkbox"/> \$ 70.00	<input type="checkbox"/> \$ 85.00	\$ _____
<input type="checkbox"/> \$100.00	<input type="checkbox"/> \$125.00	\$ _____
<input type="checkbox"/> \$100.00	<input type="checkbox"/> \$125.00	\$ _____
<input type="checkbox"/> \$ 70.00	<input type="checkbox"/> \$ 85.00	\$ _____
<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 11** \$ \_\_\_\_\_

## 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. 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 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:			2025
DR: _____	DP: _____	DS: _____	
DA: _____	DT: _____		