

■ Associate (Please indicate level)

■ Undergraduate

☐ High School

☐ Graduate Student ☐ Medical Student

☐ 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.)

Year of Study

Year of Study

☐ Resident

Date of Expected Graduation

Date of Expected Graduation

☐ Postdoctoral Fellow

Official Membership Reinstatement 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

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 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) 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 (M.D. 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) Building/Room: State: Zip or Postal Code: _____ Country: _____ Telephone (include area code): Cell/Mobile (include area code): Fax (include area code): **Home Mailing Address** (Preferred mail) Street Address: ____ Building/Apt.: ___ State: _____ Zip or Postal Code: ____ _____ Country: _____ Citv: Telephone (include area code): ______ Fax (include area code): _____ Fax (include area code): _____ SECTION 4: SCIENTIFIC RESEARCH Maior Focus (Please check only one) ■ Business ☐ Clinical Practice ☐ Regulatory Science ☐ Research Administration □ Translational Research ☐ Advocacy □ 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 ☐ Genomics. Proteomics. ☐ Microbiome Research ☐ Survivorship Research Behavioral and and Development and Other 'Omics ■ Molecular Biology ■ Systems Biology □ Cancer Evolution ☐ Drug Resistance and Toxicity Implementation Science ☐ Geriatric Oncology Oncology Nursing ■ Translational Research ☐ Cancer Metabolism ☐ Biochemistry and Biophysics ☐ Early Detection ■ Hematology and ■ Pathology ☐ Tumor Biology and ☐ Cancer Modeling and Interception Hematologic Malignancies ■ Pediatric Oncology Tumor Microenvironment ■ Bioengineering ☐ Clinical Research/Clinical Trials ☐ Community Practice ☐ Imaging and Theranostics ☐ Bioinformatics, Computational ■ Endocrinology ☐ Pharmacology and Toxicology ☐ Other (please specify) Biology, and Data Science ■ Epigenetics ☐ Immunology, Immuno-■ Population Sciences Convergence oncology, and Inflammation ■ Experimental and ☐ Prevention Research ■ Biostatistics Cancer Science ☐ Cancer Disparities Research Molecular Therapeutics ☐ Infectious Agents and ☐ Radiation Science and Medicine ☐ Developmental Biology □ Cell Biology ☐ Surgical Oncology □ Genetics Oncogenesis ☐ Diagnostics and Biomarkers SECTION 5: DEMOGRAPHIC INFORMATION Information concerning gender and ethnic background is solicited to enable the Association to ensure 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: MEMBER CATEGORIES (Select the membership category in which you wish to be reinstated.) 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 AACR Journals.org. ☐ Active (Active membership includes a complimentary online subscription to one AACR journal of choice. Please make selection below.) ☐ Cancer Immunology Research ☐ Blood Cancer Discovery ☐ Cancer Epidemiology, ☐ Clinical Cancer Research ☐ Molecular Cancer Research ☐ Cancer Discovery Biomarkers & Prevention ☐ Cancer Prevention Research ☐ Cancer Research ■ Molecular Cancer Therapeutics

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heck one or more boxes below to join an AACR Constituency or Scientific W Constituencies Minorities in Cancer Research (MICR) Women in Cancer Research (WICR) Cancer Immunology (CIMM) Cancer Prevention (CPWG)		Working Groups ution (CEWG) unology (CIMM)	S				☐ Radiation Science and Medicine (RSM)☐ Tumor Microenvironment (TME)	
CECTION OF DEACO		, ,		er Research (Fich)				
SECTION 8: REASO				□ Other				
			- Thissed Reminders	2 other				
SECTION 9: DUES IN Payment for the first year's dues must apply. (Refer to the AACR website at	accompany this ap	plication (Candidates resid					membership for which you wish to	
Member Dues	Arten.org/Trembers	mp for a complete listing	or countries with emerg	ing economics./ Du	es are blined diffidulty of	a calcinaar year.		
□ Active	\$315	\$			e (No annual dues requir		\$	
☐ Active (Countries building cancer research capabilities)	No Fee	\$		☐ Affiliate	ate Survivor/Advocate	\$135 \$ 75	\$ \$	
Subto	tal Active Dues	\$			(No annual dues require	•	\$	
						Subtotal Affiliate Due	es \$	
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					Total Amo	ount Due for Section	9 \$	
SECTION 10: ADDIT	IONAL ME	MBER BENEF	ITS					
Premium Member Benefit			Journal Subscri	iption Rates				
			Online Active Members		Only	_		
Membership		Journal			des 20% discount)	All Other Members		
□ AACR Member Pin \$20 \$ Subtotal Premium		☐ Blood Cancer	Discovery		\$100.00	□ \$125.00	\$	
	Member Benefits \$		=		\$120.00	\$150.00	\$	
5% GST (if applicable) \$ Cancer Epidei				\$ 70.00	□\$ 85.00	\$		
lotai Premium		nology Research		\$100.00	\$ 125.00	\$		
☐ Cancer Preven		ntion Research		\$ 70.00	□ \$ 85.00	\$		
		☐ Cancer Resea			\$100.00	\$125.00	\$	
		☐ Clinical Cance			\$100.00	\$125.00	\$	
		☐ Molecular Car	ncer Research ncer Therapeutics		\$ 70.00 \$ 70.00	□ \$ 85.00 □ \$ 85.00	\$ \$	
		reer merapeanes	_		btotal Journal Subscription			
					5% GST (if applicable) \$			
						Total Journal Subscription	ons \$	
		Total Amount Due for Section 10 \$						
SECTION 11: TOTAL	_ AMOUNT	DUE						
Total Amount Due (Please add Se	ctions 9 and 10 and	enter amount here)			\$			
SECTION 12: METH	OD OF PA	YMENT (Payment of	f the current year's due	s must accompany t	his Reinstatement form.	See above categories for c	dues amounts.)	
☐ Check or Money order enclosed, pa	•	an Association for Cancer	Research, in U.S. currer	ncy, drawn on U.S. b	oank.			
□ Visa □ MasterCard □ American Express Card Number Expiration Date CSC/CVV Number								
						(3C/	CVV Number	
Print Name								
Signature Please check if billing address is the :		d mailing address in Costion				f hilling address is different	nlosco provido bolow	
		d mailing address in Section			the card billing address. I	i billing dudiess is different	., please provide below.	
City:					or Postal Code:	Countr	W'	
					or rostar code.	Count	y	
SECTION 13: APPLI	CATION A	ND MATERIAI	_S SUBMISSI	ION				
Send curriculum vitae, bibliography, ar Online: myAACR.aacr.org Email: membership@aacr.org v Fax: 267-765-1078 Mail: AACR, 615 Chestnut Street	vith a subject headii	ng "Membership Reinstate	ment Application"					

FOR OFFICE USE ONLY:

DR:

__ DP: ____

DT: _____

SECTION 7: ASSOCIATION GROUPS [If you belonged to or wish to join any of the following Association Groups, please check the appropriate box(es).]