American Association for Cancer Research®

FINDING CURES TOGETHER®

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 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 (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)

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

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

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

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
❑ Alaskan Native
❑ Asian
❑ Asian American
❑ Caucasian
❑ Hispanic/Latino
❑ Native American
❑ Pacific Islander of Native Hawaiian
❑ Other (please specify)_____

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 AACRJournals.org.

❑ **Active** (Active membership includes a complimentary online subscription to **one** AACR journal of choice. Please make selection below.)

❑ *Blood Cancer Discovery*
❑ *Cancer Discovery*
❑ *Cancer Epidemiology, Biomarkers & Prevention*
❑ *Cancer Immunology Research*
❑ *Cancer Prevention Research*
❑ *Clinical Cancer Research*
❑ *Cancer Research*
❑ *Molecular Cancer Research*
❑ *Molecular Cancer Therapeutics*

❑ **Associate** (Please indicate level) ❑ 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 [If you belonged to or wish to join any of the following Association Groups, please check the appropriate box(es).]

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 (CIMM)
- ❑ 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: REASON FOR LAPSE IN MEMBERSHIP

❑ Oversight ❑ Lack of funding/cost ❑ Relocation ❑ Administrative error ❑ Missed Reminders ❑ Other _____

SECTION 9: 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

❑ Active	$315	$ _____
❑ Active (Countries building cancer research capabilities)	No Fee	$ _____
Subtotal Active Dues		$ _____
5% GST (if applicable)		$ _____
Total Active Dues		$ _____

❑ Associate (No annual dues required)	No Fee	$ _____
❑ Affiliate	$135	$ _____
❑ Affiliate Survivor/Advocate	$ 75	$ _____
❑ Student (No annual dues required)	No Fee	$ _____.
Subtotal Affiliate Dues		$ _____
5% GST (if applicable)		$ _____
Total Affiliate Dues		$ _____

Total Amount Due for Section 9 $ _____

SECTION 10: 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

	Online Only		
Journal	**Active Members (Price includes 20% discount)**	**All Other Members**	
❑ *Blood Cancer Discovery*	❑ $100.00	❑ $125.00	$ _____
❑ *Cancer Discovery*	❑ $120.00	❑ $150.00	$ _____
❑ *Cancer Epidemiology, Biomarkers & Prevention*	❑ $ 70.00	❑ $ 85.00	$ _____
❑ *Cancer Immunology Research*	❑ $100.00	❑ $125.00	$ _____
❑ *Cancer Prevention Research*	❑ $ 70.00	❑ $ 85.00	$ _____
❑ *Cancer Research*	❑ $100.00	❑ $125.00	$ _____
❑ *Clinical Cancer Research*	❑ $100.00	❑ $125.00	$ _____
❑ *Molecular Cancer Research*	❑ $ 70.00	❑ $ 85.00	$ _____
❑ *Molecular Cancer Therapeutics*	❑ $ 70.00	❑ $ 85.00	$ _____
		Subtotal Journal Subscriptions	$ _____
		5% GST (if applicable)	$ _____
		Total Journal Subscriptions	$ _____

Total Amount Due for Section 10 $ _____

SECTION 11: TOTAL AMOUNT DUE

Total Amount Due (Please add Sections 9 and 10 and enter amount here) $ _____

SECTION 12: METHOD OF PAYMENT (Payment of the current year's dues must accompany this Reinstatement form. See above categories for dues amounts.)

❑ 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 13: APPLICATION AND MATERIALS SUBMISSION

Send curriculum vitae, bibliography, and membership dues to:

Online: myAACR.aacr.org

Email: membership@aacr.org with a subject heading "Membership Reinstatement Application"

Fax: 267-765-1078

Mail: AACR, 615 Chestnut Street, 17th Floor • Philadelphia, PA 19106-4404

FOR OFFICE USE ONLY: 2025

DR: _____ DP: _____ DS: _____

DA: _____ DT: _____