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AMERICAN ASSOCIATION FOR CANCER RESEARCH

INFORMATION ON APPLICATION FOR ACTIVE AND CORRESPONDING MEMBERSHIP

BENEFITS OF MEMBERSHIP

The American Association for Cancer Research (AACR) is a scientific society consisting of laboratory and clinical cancer researchers. It was founded in 1907 "to bring together active investigators of the cancer problem for presentation and discussion of new or significant observations; and to foster research in cancer and other phenomena of growth." Members of the AACR enjoy the following benefits:

1. a subscription to the journal *Cancer Research* at the reduced member rate;
2. the privilege of sponsoring an abstract for presentation at the AACR annual meeting;
3. an advance copy of the Program and *Proceedings* pertaining to each annual meeting;
4. a reduced registration rate at the annual meeting;
5. early notification of events in the AACR's new series of small scientific meetings;
6. subscriptions to any future AACR journals at reduced member rates;
7. preferred access to the AACR Employment Register;
8. the receipt of AACR newsletters, meeting announcements, and an up-to-date membership directory.

QUALIFICATIONS FOR MEMBERSHIP

Active membership in the AACR is open to investigators who live in the Americas, and who have conducted two years of meritorious research that has resulted in publications relevant to cancer. If a candidate is working in a research area not directly related to the cancer field but has conducted research of exceptional scientific merit, he or she may also qualify for membership.

Corresponding membership is open to qualified persons who are not residents of the Americas. The requirements for corresponding membership are the same as those for active membership. Visiting scientists from outside the Americas who intend to return to their countries of origin soon after submitting their applications should apply for corresponding membership. All other individuals should apply for active membership and transfer to corresponding status at a later date if they should leave the Americas.

PROCEDURES FOR APPLICATION

There are two deadlines for receipt of a membership application: August 1 and December 1 of each year. The Membership Committee will review all complete applications for active membership that have been received by these deadlines and will submit recommendations on each candidate to the Board of Directors, which formally elects all members. The same procedure is followed by the Special Memberships Committee, which receives applications for corresponding membership. Applicants who meet the August 1 deadline will be notified of the Board's decision in November, and, if elected, will be eligible to sponsor an abstract for the annual meeting of the AACR to be held the following Spring. Applicants meeting the December 1 deadline will be notified about their election in March.

A complete application consists of the following material:

1. 6 copies of the form on the opposite side of this page, with all requested information provided.

2. 5 copies of the candidate's most current curriculum vitae and bibliography.
3. 5 copies of a letter of recommendation from a nominator who is an active, emeritus, or honorary member of the AACR (at least one copy must be a signed, original letter). This letter should describe the candidate's achievements in laboratory research, clinical investigations, or epidemiological research, and it should affirm that this research adheres to accepted ethical standards.—OR—The nominator may supply the responses requested at the bottom of the application form in the section entitled "STATEMENT OF SUPPORT" (at least one copy of the form must be the signed original).
4. 5 copies of a letter of recommendation as described in Item 3. above from a seconder who is an active, emeritus, or honorary member of the AACR (at least one copy must be a signed, original letter).—OR—The seconder may supply the responses requested at the bottom of the application form in the section entitled "STATEMENT OF SUPPORT" (at least one copy of the form must be the signed original).
5. 5 reprints of each of two publications on which the candidate appears as author.

All material should be collated into five complete sets with the original application form as a covering document and sent to the address given below. Questions regarding procedures for membership application may also be directed to the following address:

American Association for Cancer Research
Temple University School of Medicine
West Building, Room 301
Broad and Tioga Streets
Philadelphia, PA 19140
215/221-4565

RESPONSIBILITIES OF MEMBERSHIP

Candidates should be aware of the following responsibilities of membership in the AACR. Active members must pay annual dues, a major portion of which is designated for a subscription to the AACR's official publication outlet, *Cancer Research*. Newly elected members of the AACR who have already purchased subscriptions to *Cancer Research* at the higher, nonmember rate will receive reimbursement of the unused portion of that subscription once their first year's membership dues are paid in full.

All corresponding members elected after May 23, 1985, are required to pay an annual assessment in lieu of dues. This assessment, which is equivalent to that portion of the regular dues that pertains to support of activities other than the journal *Cancer Research*, is imposed to defray the cost of sending AACR publications to members outside the Americas. Corresponding members may, if they wish, subscribe to *Cancer Research* at the reduced member rate.

Successful candidates will be expected to begin paying dues to the AACR in the year following receipt of their applications; e.g., successful applicants who meet either the August 1, or December 1, 1988 deadlines will begin to pay dues in 1989.

Margaret Foti
Executive Director

AMERICAN ASSOCIATION FOR CANCER RESEARCH, INC.

Temple University School of Medicine
West Building, Room 301
Broad and Tioga Streets
Philadelphia, PA 19140

APPLICATION FOR MEMBERSHIP

CATEGORY OF MEMBERSHIP: Active Corresponding

NAME OF CANDIDATE: _____ DATE OF BIRTH: _____

PRESENT POSITION/TITLE: _____

INSTITUTIONAL AFFILIATION: _____

INSTITUTIONAL ADDRESS: _____

TELEPHONE NUMBER: _____ (City) (State/Province) (Country) (Postal Code)
SOCIAL SECURITY NUMBER: _____

PRIMARY FIELD OF RESEARCH (Please check only one):

____ Biochemistry and Biophysics ____ Biostatistics ____ Carcinogenesis
____ Cellular Biology and Genetics ____ Clinical Investigations ____ Endocrinology
____ Epidemiology ____ Immunology ____ Molecular Biology and Genetics
____ Preclinical Pharmacology and Experimental Therapeutics
____ Virology ____ Other: _____
(Please specify)

ACADEMIC DEGREES (Including where and when granted)

EXPERIENCE SINCE HIGHEST DEGREE WAS GRANTED (Please list most recent first)

PUBLICATIONS (Reprints of two articles on which the candidate appears as an author must accompany this application. For these two articles list the authors, title, journal, volume, inclusive pages, and year. Do not submit abstracts.)

CANDIDATE NOMINATED BY: _____ (Please type or print)
CANDIDATE SECONDED BY: _____ (Please type or print)

STATEMENT OF SUPPORT (in place of letters of recommendation)

Instead of submitting letters of recommendation, either the nominator or the seconder or both may complete the following section:

How long has the candidate worked in the field of cancer research? ____ years

Will the candidate make a long-term contribution to cancer research? ____ Yes ____ No

Does the candidate's research adhere to accepted ethical standards? ____ Yes ____ No

I therefore recommend this candidate for membership in the American Association for Cancer Research.

How long has the candidate worked in the field of cancer research? ____ years

Will the candidate make a long-term contribution to cancer research? ____ Yes ____ No

Does the candidate's research adhere to accepted ethical standards? ____ Yes ____ No

I therefore recommend this candidate for membership in the American Association for Cancer Research.

Signature of nominator _____ Date _____ Signature of seconder _____ Date _____

See Guidelines for Application on the reverse side of this form for further instructions.