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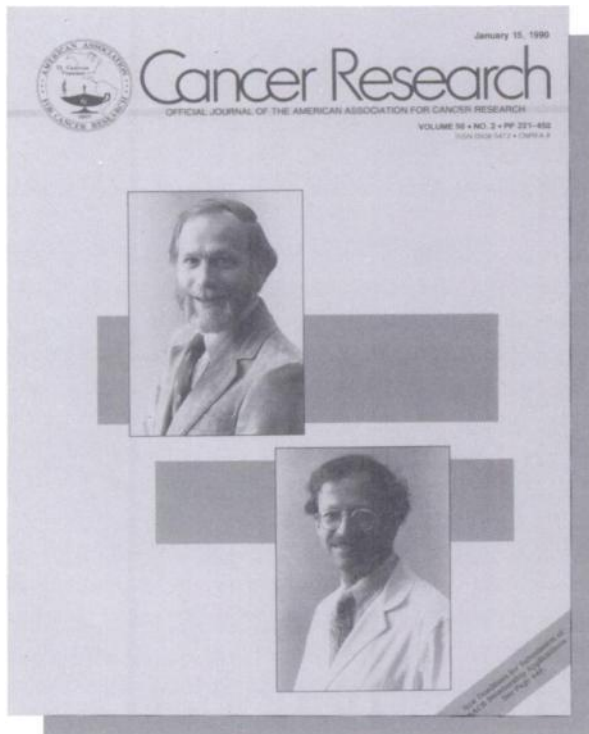
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## APPLICATION FOR MEMBERSHIP

CATEGORY OF MEMBERSHIP:  Active  Corresponding

NAME OF CANDIDATE: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

PRESENT POSITION/TITLE: \_\_\_\_\_

INSTITUTIONAL AFFILIATION: \_\_\_\_\_

INSTITUTIONAL ADDRESS: \_\_\_\_\_

\_\_\_\_\_  
(City) (State/Province) (Country) (Postal Code)

TELEPHONE NUMBER: \_\_\_\_\_

FAX NUMBER: \_\_\_\_\_

PRIMARY FIELD OF RESEARCH (Please check only one):

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Biochemistry and Biophysics                            | <input type="checkbox"/> Biostatistics           | <input type="checkbox"/> Carcinogenesis                 |
| <input type="checkbox"/> Cellular Biology and Genetics                          | <input type="checkbox"/> Clinical Investigations | <input type="checkbox"/> Endocrinology                  |
| <input type="checkbox"/> Epidemiology   | <input type="checkbox"/> Immunology              | <input type="checkbox"/> Molecular Biology and Genetics |
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| <input type="checkbox"/> Virology   | <input type="checkbox"/> 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.

\* Nominators must be active, emeritus, or honorary members of the AACR.



# AMERICAN ASSOCIATION FOR CANCER RESEARCH

## GUIDELINES FOR APPLICATION FOR ASSOCIATE MEMBERSHIP

### QUALIFICATIONS FOR MEMBERSHIP

Associate membership is open to graduate students, medical students, postdoctoral fellows, and physicians in training who live in the Americas and who are following a course of study or who are working in a research program relevant to cancer.

### BENEFITS OF MEMBERSHIP

The American Association for Cancer Research (AACR), a scientific society consisting of laboratory and clinical cancer researchers, 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." Associate members of the AACR enjoy the following benefits:

1. the privilege of sponsoring an abstract for presentation at the AACR annual meeting provided that (a) the associate member is the presenter of the abstract and (b) an active member in good standing of the AACR also signs the abstract in support of the work (In this instance, the active member who co-signs the abstract does not lose his or her own sponsorship privilege.);
2. an advance copy of the Program and (if one has been purchased by the associate member) the *Proceedings of the American Association for Cancer Research* which contains abstracts of all papers being presented at each annual meeting;
3. the privilege of registering for the annual meeting at the low student rate (This rate is otherwise available only to predoctoral students.);
4. preferred access to the AACR Employment Register;
5. an optional subscription to the journal *Cancer Research* at the reduced member rate;
6. subscriptions to any future AACR journals at reduced member rates;
7. early notification of events in the AACR's new series of small scientific meetings on timely scientific topics;
8. the receipt of AACR newsletters, meeting announcements, and an up-to-date membership directory; and
9. the facilitation of informal scientific exchange with leading researchers in the cancer field.

### PROCEDURES FOR APPLICATION

Persons wishing to apply for associate membership must use the official application form on the reverse side of these instructions. Each candidate for associate membership must be nominated by an active member in good standing of the AACR. Three completed copies of the form should be submitted; at least one of these copies must carry the original signatures of both the candidate and the active member nominator. The application form may be submitted

to the Association Office at any time. After review of applications for associate membership, the Executive Director will notify candidates of their election or deferral within one month of the receipt of the application form. A check in the amount of \$20, which represents one year's dues payment, must accompany the application. This fee will be refunded to any candidate deemed to be ineligible for associate membership. Checks should be in U.S. currency, made payable to AACR, Inc., and drawn on a U.S. bank. Send the three copies of the application form and the \$20 dues payment to:

American Association for Cancer Research  
Public Ledger Building  
Suite 816  
6th & Chestnut Streets  
Philadelphia, PA 19106  
215/440-9300

### RESPONSIBILITIES OF MEMBERSHIP

Associate members must pay annual dues in an amount to be determined by the AACR Board of Directors. Dues for 1989 have been set at \$20 per year. If an application is submitted by August 31, the accompanying dues payment will be credited to the current year. Candidates submitting applications between September 1 and December 31 may indicate whether they wish their dues payments credited to the current or forthcoming year. Candidates should be aware, however, that associate members may sponsor an abstract for the annual meeting only if their dues for the current year are paid. For example, an associate member submitting an abstract in December 1989 for the forthcoming annual meeting must have paid dues for 1989. Any newly elected associate members of AACR who have already purchased subscriptions to *Cancer Research* at the higher, nonmember rate will receive a refund for the unused portion of that subscription upon receipt of their payment for a member's subscription.

Each Fall the AACR will send to current associate members an invoice for dues for the forthcoming year. Payment of this invoice must be accompanied by a statement signed by the associate member's registrar, dean, or department head, verifying the member's current academic status. The Association's By-Laws state that dues are payable for each year in advance on or before January 1 of that year. An individual may be an associate member for a maximum of five years. Each year in which an individual pays dues will count as one full year of associate membership. Thus, an associate member who pays dues for 1989 may retain associate membership until December 31, 1993. The Board of Directors may terminate the membership of any associate member whose dues are in arrears for two years.

Margaret Foti,  
Executive Director

# AMERICAN ASSOCIATION FOR CANCER RESEARCH, INC.

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6th & Chestnut Streets  
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## APPLICATION FOR ASSOCIATE MEMBERSHIP

NAME OF CANDIDATE: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

INSTITUTIONAL AFFILIATION: \_\_\_\_\_

INSTITUTIONAL ADDRESS: \_\_\_\_\_

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(State/Province)

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TELEPHONE NUMBER: \_\_\_\_\_

FAX NUMBER: \_\_\_\_\_

PRESENT ACADEMIC STATUS/TITLE: (Please check only one):

\_\_\_\_ Graduate Student

\_\_\_\_ Medical Student

\_\_\_\_ Physician in Training

\_\_\_\_ Postdoctoral Fellow

PRIMARY FIELD OF RESEARCH (Please check only one):

\_\_\_\_ Biochemistry and Biophysics

\_\_\_\_ Biostatistics

\_\_\_\_ Carcinogenesis

\_\_\_\_ Cellular Biology and Genetics

\_\_\_\_ Clinical Investigations

\_\_\_\_ Endocrinology

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\_\_\_\_ Immunology

\_\_\_\_ Molecular Biology and Genetics

\_\_\_\_ Preclinical Pharmacology and Experimental Therapeutics

\_\_\_\_ Virology

\_\_\_\_ Other: \_\_\_\_\_

(Please specify)

ACADEMIC DEGREES (Please indicate degree(s) acquired to date along with the name of the academic institution and date of receipt. Provide information on degree currently being sought and the anticipated date of completion of this degree program.)

RELEVANT RESEARCH EXPERIENCE NOT RELATED TO COURSEWORK (Please list most recent first.)

PUBLICATIONS (List the authors, title, journal, volume, inclusive pages, and year of any article in a peer-reviewed journal on which the candidate appears as an author. Do not list abstracts. Continue on a separate sheet, if necessary.)

CANDIDATE NOMINATED BY: \_\_\_\_\_

(Please type or print name of AACR active member in good standing.)

### SIGNATURES

I hereby apply for associate membership in the American Association for Cancer Research. I have read the instructions on the reverse side of this form, and I understand the privileges and responsibilities of this class of membership. I certify that the statements on this application are true.

Signature of Candidate: \_\_\_\_\_ Date: \_\_\_\_\_

I recommend this candidate for associate membership in the American Association for Cancer Research. To the best of my knowledge, the candidate is qualified for this class of membership, and the statements on this application are true.

Signature of Nominator: \_\_\_\_\_ Date: \_\_\_\_\_

Submit three copies of this form. At least one copy must contain the original signatures of the candidate and the nominator. Enclose a check for \$20 in U.S. funds made payable to AACR, Inc. and drawn on a U.S. bank. Check *one* of the following boxes *only* if this form is being submitted between September 1 and December 31:

The enclosed dues payment should be applied to the

current  forthcoming calendar year.

(NOTE: If dues are applied to the forthcoming year, membership will take effect on January 1.) See Guidelines for Application on the reverse side of this form for further instructions.



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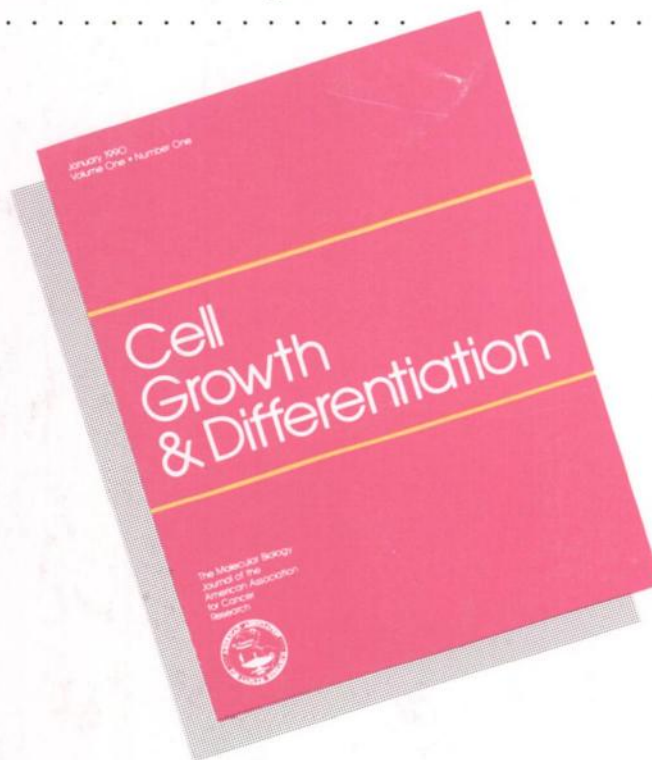
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