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. subscriptions to the journals Cancer Research and Cell Growth & Differentiation 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 all scientific meetings;
5. early notification of events in the AACR’s series of special conferences;
6. subscriptions to any future AACR journals at reduced member rates;
7. reduced rates for the AACR Employment Register;
8. the benefit of AACR’s public education activities;
9. 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 three deadlines for receipt of a membership application: March 1, July 1, and October 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. Candidates will be notified according to the following schedule:

<table>
<thead>
<tr>
<th>Receipt of Application in AACR Office</th>
<th>Notification of Candidate</th>
</tr>
</thead>
<tbody>
<tr>
<td>March 1</td>
<td>May</td>
</tr>
<tr>
<td>July 1</td>
<td>September</td>
</tr>
<tr>
<td>October 1</td>
<td>December</td>
</tr>
</tbody>
</table>

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
Public Ledger Building
Suite 816
6th & Chestnut Streets
Philadelphia, PA 19106
215/440-9300

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 at least one of the AACR’s publications. Newly elected members of the AACR who have already purchased subscriptions to Cancer Research or Cell Growth & Differentiation at the higher, nonmember rate will receive reimbursement of the unused portion of those subscriptions 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 publications, 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 or Cell Growth & Differentiation at the reduced member rate.

Applicants elected in May will be responsible for payment of that year’s dues; applicants elected in September and December will pay dues in the following year. Applicants elected in May and September will be eligible to sponsor an abstract for the next annual meeting. Every effort will be made to afford the same opportunity to applicants elected in December.

Margaret Foti
Executive Director
APPLICATION FOR MEMBERSHIP

CATEGORY OF MEMBERSHIP:  □ Active  □ Corresponding

NAME OF CANDIDATE: _______________________________  DATE OF BIRTH: _______________________________

PRESENT POSITION/TITLE: _______________________________  INSTITUTIONAL AFFILIATION: _______________________________

DATE OF BIRTH: _______________________________

INSTITUTIONAL ADDRESS: _______________________________

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

TELEPHONE NUMBER: _______________________________  FAX 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: _______________________________  CANDIDATE SECONDED BY: _______________________________

(Please type or print)  (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.

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.

(This form may be reproduced.)
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 1991 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 1990 for the forthcoming annual meeting must have paid dues for 1990. 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 current 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 1990 may retain associate membership until December 31, 1994. The Board of Directors may terminate the membership of an associate member whose dues are in arrears for two years.

Margaret Foti,
Executive Director
APPLICATION FOR ASSOCIATE MEMBERSHIP

NAME OF CANDIDATE: ___________________________ DATE OF BIRTH: ___________________________

INSTITUTIONAL AFFILIATION: ___________________________

INSTITUTIONAL ADDRESS: _____________________________________________________________

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

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

___ Epidemiology ___ 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 COURSE WORK (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:

☐ current ☐ forthcoming calendar year.

(NOTE: If dues are applied to the forthcoming year, 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 May of that year.) See Guidelines for Application on the reverse side of this form for further instructions.

(This form may be reproduced.)
AMERICAN ASSOCIATION FOR CANCER RESEARCH
EIGHTY-SECOND ANNUAL MEETING
May 15–18, 1991
George R. Brown Convention Center
Houston, Texas

ADVANCE REGISTRATION FORM
(please print or type)

NAME: ____________________________________________ Last First/Middle Initial AACR Member Number

ADDRESS: ____________________________________________ Institution

Street, Building, or Post Office Box

City: __________________ State or Province: __________ Postal Code: __________

Country (if not U.S.): __________________ Telephone: __________________

☐ Check this box if you have a physical disability and special requirements for transportation, hotel accommodations, or other facilities connected with the meeting. A member of the Association Staff will contact you.

WHAT IS YOUR PRIMARY FIELD OF RESEARCH (Please check only one):
☐ 11. Virology ☐ 12. Other (please specify): __________________

ARE YOU THE PRESENTER OF AN ABSTRACT SUBMITTED FOR THE 1991 AACR MEETING? ☐ Yes ☐ No

ON WHICH DAYS WILL YOU ATTEND THE 1991 AACR ANNUAL MEETING?
☐ Wednesday, May 15 ☐ Thursday, May 16 ☐ Friday, May 17 ☐ Saturday, May 18

WILL YOU ATTEND THE ASCO MEETING IN HOUSTON? ☐ Yes ☐ No

ON WHICH DAYS WILL YOU ATTEND THE 1991 ASCO ANNUAL MEETING?
☐ Sunday, May 19 ☐ Monday, May 20 ☐ Tuesday, May 21

PAYMENT OF REGISTRATION
Fees may be paid by check or with a MasterCard, VISA, American Express, or Eurocard account. All payments must be made in U.S. currency, and all checks must be drawn on a U.S. bank. Payment must accompany this form; purchase orders will not be accepted as payment. Honorary and emeritus members may register gratis.

FEES
☐ Active/Corresponding Member Rate $ 75
☐ Honorary Emeritus Member Rate $ 0
☐ Nonmember Rate $140
(include a copy of AACR Proceedings)
☐ Associate Member/Student Rate* $ 35
(include a copy of AACR Proceedings)
☐ AACR Proceedings† $ 25
☐ Overseas Airmail Surcharge‡ $ 22
Total Enclosed or Charged __________________

METHOD OF PAYMENT
☐ Check payable to AACR, Inc., in U.S. currency, drawn on a U.S. bank
☐ Person/Institution Issuing Check
☐ Check No.

☐ MasterCard ☐ VISA ☐ American Express ☐ Eurocard

Account Number and Expiration Date __________________ 

Signature __________________

THE DEADLINE FOR ADVANCE REGISTRATION IS MARCH 22, 1991

*Students must enclose a statement, signed by the registrar, dean, or department head of their university or college on official letterhead, confirming their status. Postdoctoral fellows or physicians in training do not qualify for the student registration rate unless they are associate members of the AACR. An application for associate membership may accompany this form, but these should be submitted well before the advance registration deadline as review of the associate membership application may delay registration.

†Optional payment for registrants outside of the U.S. and Canada only. Registrants paying this surcharge will receive meeting publications via air mail—printed matter before the annual meeting.

Mail all advance registration forms with applicable fees to Annual Meeting Registration, American Association for Cancer Research, Inc., Public Ledger Bldg., Suite 816, 6th & Chestnut Streets, Philadelphia, PA 19106. Receipts will be sent to you in April. AACR members in good standing will receive copies of the Program and Proceedings prior to the meeting. Nonmember and student advance registrants residing in the U.S. and Canada will also receive the Program before the meeting and (if they have purchased it) the Proceedings. Please note that nonmember registrants receive a copy of the Proceedings automatically, but if students are to receive a copy of this document before the meeting, it must be purchased at the time of advance registration.

REFUND POLICY
Refunds on registration fees will be granted on written request received in the AACR Office by May 8, 1991. Requests received after this date will not be honored. Receipts and badges (if they have been mailed) must be returned to the AACR Office with the refund request. A cancellation fee of $25 will be deducted from all refunds to cover administrative costs. Proceedings are not returnable, and an additional $25 will be deducted from refunds to nonmembers and students if this document has already been mailed.

(This form may be reproduced.)
Guidelines for Submitting Diskettes to Cancer Research

The word processing packages that we prefer are as follows:

<table>
<thead>
<tr>
<th>Package</th>
<th>Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>XyWrite III Plus (for the IBM)</td>
<td>IBM</td>
</tr>
<tr>
<td>WordPerfect 4.2, 5.0, 5.1 (for the IBM)</td>
<td>IBM</td>
</tr>
<tr>
<td>Wordstar (for the IBM)</td>
<td>IBM</td>
</tr>
<tr>
<td>Microsoft Word (for the IBM)</td>
<td>IBM</td>
</tr>
<tr>
<td>Wang OIS (WPS)</td>
<td>IBM</td>
</tr>
</tbody>
</table>

Also acceptable:

<table>
<thead>
<tr>
<th>Package</th>
<th>Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Apple II DOS 3.3</td>
<td>DOS 3.3</td>
</tr>
<tr>
<td>Apple with Appleworks Software</td>
<td>DOS 3.3</td>
</tr>
<tr>
<td>Apple III Plus DOS 3.3</td>
<td>DOS 3.3</td>
</tr>
<tr>
<td>Apple Macintosh 400K Disc/</td>
<td>DOS 3.3</td>
</tr>
<tr>
<td>MacWrite 2.2 (text)</td>
<td>DOS 3.3</td>
</tr>
<tr>
<td>Apple Macintosh Plus 800K Disc/</td>
<td>DOS 3.3</td>
</tr>
<tr>
<td>MacWrite 4.5 (text)</td>
<td>DOS 3.3</td>
</tr>
<tr>
<td>CPT 8000</td>
<td>DOS 3.3</td>
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<tr>
<td>DEC WPS-8</td>
<td>DOS 3.3</td>
</tr>
<tr>
<td>DEC Decmate II</td>
<td>DOS 3.3</td>
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<tr>
<td>DEC Decmate III</td>
<td>DOS 3.3</td>
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<tr>
<td>Display Write 3</td>
<td>DOS 3.3</td>
</tr>
<tr>
<td>Display Write 4</td>
<td>DOS 3.3</td>
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<tr>
<td>IBM Displaywriter Word Processor 6580</td>
<td>DOS 3.3</td>
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<tr>
<td>Lanier Business One Step</td>
<td>DOS 3.3</td>
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<tr>
<td>Lanier No Problem</td>
<td>DOS 3.3</td>
</tr>
<tr>
<td>Lanier Super No Problem</td>
<td>DOS 3.3</td>
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<tr>
<td>MASS-11 PC</td>
<td>DOS 3.3</td>
</tr>
<tr>
<td>Microsoft Word Macintosh (Version 1.05) 400/800K</td>
<td>DOS 3.3</td>
</tr>
<tr>
<td>Multimate</td>
<td>DOS 3.3</td>
</tr>
<tr>
<td>PC Write</td>
<td>DOS 3.3</td>
</tr>
<tr>
<td>PFS Professional Write</td>
<td>DOS 3.3</td>
</tr>
<tr>
<td>Volkswriter 4.0</td>
<td>DOS 3.3</td>
</tr>
<tr>
<td>Wordstar 2000</td>
<td>DOS 3.3</td>
</tr>
</tbody>
</table>

If your word processing program is not on this list, please contact Andrea Clemente at our printer Waverly Press [(301) 528-4018] to determine if Waverly Press has the ability to convert your diskette. New releases of word processing software are not always immediately available for conversion. In addition, because of the file structures and internal coding, we cannot accept diskettes created on desktop publishing systems or those created on proprietary typesetting systems. We also cannot guarantee that all special characters can be translated. Tabular and mathematical material, such as equations, will not be captured from the diskette but will be rekeyed.

To expedite work and for your own security, we do require that you submit a hard copy printout of the diskette file. The tables and equations will be keyed from this hard copy. We also need to know the name of the file to be converted, the type of hardware (e.g., IBM PC) on which the files were created, the operating system (e.g., DOS 3.3), and the version of the software (e.g., WordPerfect 5.1) used to create the file.

Please fill out all information on reverse side and submit this form with your diskette. Diskettes will not be processed without this information.
**DISKETTE SUBMISSION FORM**

*Cancer Research* is now using personal computers to copyedit manuscripts accepted for publication. Authors are encouraged to submit electronic diskettes of their manuscripts along with the typed manuscript. Diskettes will ultimately be returned to the authors.

See reverse for the word processing packages that can be accepted by *Cancer Research*.

**File preparation**

Please be sure that the file you send is the most recent version of the manuscript and that it matches the most recently submitted printed copy. The file should contain all the parts of the manuscript, as outlined in our "Instructions for Authors" (see January 1 issue of *Cancer Research*), in one file. Mathematical and tabular material, however, will be processed in the traditional manner and may be excluded from the diskette file.

Note: The Journal does not assume responsibility for errors in conversion of customized software, newly released software, or special characters.

Please label the outside of the diskette with the journal name, the first author’s name, a partial title of the manuscript, and the name of the computer file used to access the manuscript on diskette. To process your diskette efficiently, we need the following information. Please be sure to provide ALL the information.

Name used to access paper on diskette: ____________________________________________
Name of computer used (e.g., IBM/PS2): ____________________________________________
Operating system and version (e.g., DOS 3.3): _____________________________________
Word processing program and version (e.g., WordPerfect 5.0): _______________________
  [See reverse for acceptable programs.]

Manuscript number (if known): _________________________________________________
First author: _________________________________________________________________
Corresponding author (if different from first author): ________________________________
Telephone/FAX numbers: _______________________________________________________

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