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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. 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. A candidate is usually expected to have carried out the required two years of original cancer research at the postdoctoral level and to have appeared as the senior author on at least two publications in refereed journals. 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 provided that a compelling interest in cancer research can be demonstrated.

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. The completed original plus 5 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.
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's signature underneath the statement provided on the application form (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 senior 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. This assessment is equivalent to that portion of the regular dues that pertains to support of activities other than the journal, *Cancer Research*. 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, 1987, deadlines will begin to pay dues in 1988.

Margaret Foti  
Executive Director

**APPLICATION FOR MEMBERSHIP**  
**AMERICAN ASSOCIATION FOR CANCER RESEARCH, INC.**  
Temple University School of Medicine  
West Building, Room 301  
Broad and Tioga Streets  
Philadelphia, PA 19140

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: \_\_\_\_\_ SOCIAL SECURITY 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 |
| <input type="checkbox"/> Preclinical Pharmacology and Experimental Therapeutics |                                                  |                                                         |
| <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 senior author must accompany this application. For these two articles list the authors, title, journal, volume, inclusive pages, and year. Do not submit abstracts. Identify with an asterisk [\*] any papers resulting from predoctoral research.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

CANDIDATE NOMINATED BY: \_\_\_\_\_  
(Please type or print)

CANDIDATE SECONDED BY: \_\_\_\_\_  
(Please type or print)

All applicants must submit at least one letter of recommendation. Instead of writing a letter of recommendation the **second** only may sign the following statement:

I certify that this candidate has conducted at least two years of meritorious research that has resulted in publications relevant to cancer, and that this research adheres to accepted ethical standards. I recommend this candidate for membership in the American Association for Cancer Research.

Signature of Second: \_\_\_\_\_ Date: \_\_\_\_\_

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

(This form may be reproduced.)

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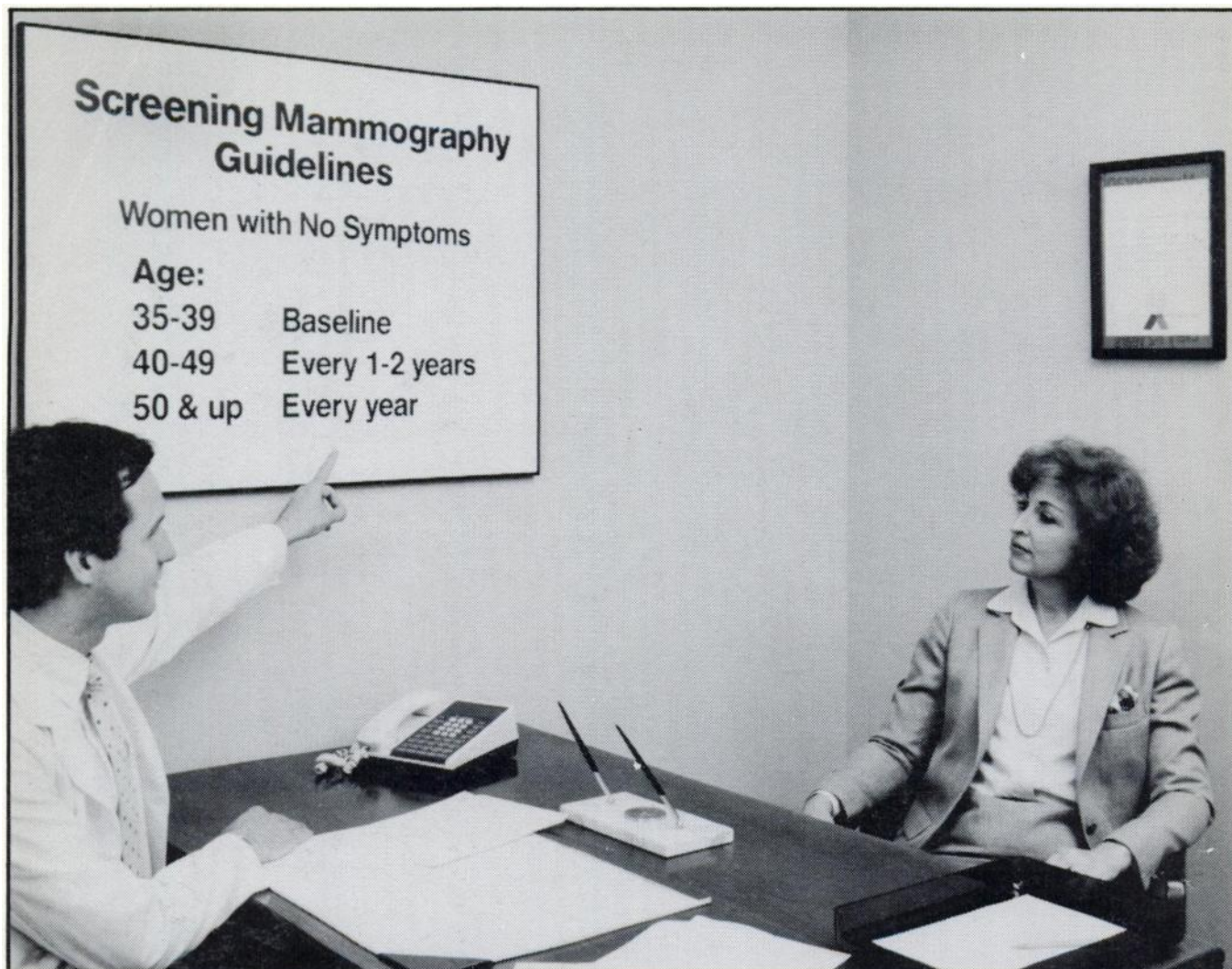
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Many of your patients will hear about screening mammography through a program launched by the American Cancer Society and the American College of Radiology, and they may come to you with questions. What will you tell them?

We hope you'll encourage them to have a screening mammogram, because that, along with

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