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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
530 Walnut Street - 10th Floor
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 1988 and 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 1988 for the forthcoming annual meeting must have paid dues for 1988. 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 1988 may retain associate membership until December 31, 1992. 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.
530 Walnut Street - 10th Floor
Philadelphia, PA 19106

APPLICATION FOR ASSOCIATE MEMBERSHIP

NAME OF CANDIDATE: _____ DATE OF BIRTH: _____

INSTITUTIONAL AFFILIATION: _____

INSTITUTIONAL ADDRESS: _____

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

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.



AMERICAN ASSOCIATION FOR CANCER RESEARCH

EIGHTIETH ANNUAL MEETING

May 24-27, 1989
Moscone Convention Center
San Francisco, California

ADVANCE REGISTRATION FORM (please print or type)

NAME: _____
Last First/Middle Initial

ADDRESS: _____
Institution

Street, Building, or Post Office Box

City State or Province Postal Code

Country (if not U.S.) Telephone

WHAT IS YOUR PRIMARY FIELD OF RESEARCH (Please check only one):

- ¹Biochemistry and Biophysics
- ²Biostatistics
- ³Carcinogenesis
- ⁴Cellular Biology & Genetics
- ⁵Clinical Investigations
- ⁶Endocrinology
- ⁷Epidemiology
- ⁸Immunology
- ⁹Molecular Biology
- ¹⁰Preclinical Pharmacology & Experimental Therapeutics
- ¹¹Virology
- ¹²Other (please specify): _____

ARE YOU THE PRESENTER OF AN ABSTRACT SUBMITTED FOR THE 1989 AACR MEETING? Yes No

ON WHICH DAYS WILL YOU ATTEND THE 1989 AACR ANNUAL MEETING?

- Wednesday, May 24
- Thursday, May 25
- Friday, May 26
- Saturday, May 27

WILL YOU ATTEND THE ASCO MEETING IN SAN FRANCISCO? Yes No

ON WHICH DAYS WILL YOU ATTEND THE 1989 ASCO ANNUAL MEETING?

- Sunday, May 21
- Monday, May 22
- Tuesday, May 23

PAYMENT OF REGISTRATION

Fees may be paid by check or with a MasterCard, VISA, 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 \$ 55
- Honorary/Emeritus Member Rate \$ 0
- Nonmember Rate \$100
(includes a copy of AACR *Proceedings*)
- Student/Associate Member Rate* \$ 25
(does not include a copy of AACR *Proceedings*)
- AACR *Proceedings*† \$ 20
- Total Enclosed or Charged _____

METHOD OF PAYMENT

If you are paying by check, please supply

Person/Institution issuing check Check No.

If you are paying by MasterCard, VISA, or Eurocard, please supply

Card Name, Account Number, and Expiration Date

Signature

THE DEADLINE FOR ADVANCE REGISTRATION IS MARCH 31, 1989

*Students must enclose a statement, signed by the registrar, dean, or department head of their university or college on official letterhead, confirming their status. Special student rates are available only to predoctoral students. 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.

†AACR members with paid-up subscriptions to *Cancer Research* receive the *Proceedings* automatically. Members who check this box and pay the \$20 fee will receive an additional copy of the *Proceedings*.

Mail all advance registration forms with applicable fees to Annual Meeting Registration, American Association for Cancer Research, Inc., 530 Walnut Street - 10th Floor, 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 22, 1989. 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 \$15.00 will be deducted from all refunds to cover administrative costs. *Proceedings* are not returnable, and an additional \$20 will be deducted from refunds to nonmembers and students if this document has already been mailed.

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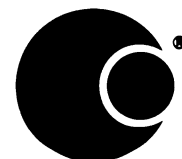
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