

**Application Information**

Check one of the following boxes if this application is being submitted between September 1 and December 31.  
(If dues are applied to the forthcoming year, the 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 March or April of that year.)

The enclosed payment should be applied to the  **Current Year**  **Forthcoming Year (ineligible to sponsor an abstract for upcoming Annual Meeting)**

**Candidate Information** (Please type or print clearly)

Last/Family Name: Miles First Name: Jana Middle Initial: S.  
Date of Birth (mm/dd/year): November 27, 1974 Title and Dept.: Graduate Student / College of Pharmacy and Pharmaceutical Sciences  
Institute/Company: Florida Agricultural and Mechanical University  
Division: Division of Basic Sciences

**Academic Degrees** Indicate highest degree earned, year earned, and institution granting the degree. (Indicate multiple degrees as appropriate, i.e., M.D., Ph.D.)

- Doctoral (M.D., Ph.D., etc.) \_\_\_\_\_  
 Master (M.S., M.A., etc.) \_\_\_\_\_  
 Bachelor (B.A., B.S., etc.) B.A. Chemistry, 2010, Florida Memorial University  
 Associate (A.A., A.S., etc.) \_\_\_\_\_  
 Other (R.N., J.D., etc.) \_\_\_\_\_

**Contact Information** (Please type or print clearly)

**Institute/Company Mailing Address**  Preferred mail  
Street Address: FAMU 1415 S. Martin Luther King, Jr. Blvd. Building/Room: R210  
City: Tallahassee State: Florida  
Zip or Postal Code: 32307 Country: United States of America  
Telephone (include area code): (850) 599-5532 Fax (include area code): \_\_\_\_\_  
E-mail: jana1.miles@famuedu

**Home Mailing Address**  Preferred mail  
Street Address: Florida A & M University 159 Palmetto Street Building/Apt.: Apt 6-17  
City: Tallahassee State: Florida Zip or Postal Code: 32307  
Telephone (include area code): (954) 513-7879 Fax (include area code): \_\_\_\_\_  
E-mail: jsmiles0529@gmail.com

**Scientific Research**

**Primary Field of Research** (Please check only one)

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Behavioral Science           | <input type="checkbox"/> Clinical Investigations | <input type="checkbox"/> Molecular Biology  |
| <input type="checkbox"/> Biochemistry and Biophysics  | <input type="checkbox"/> Computational Biology   | <input type="checkbox"/> Preclinical Pharmacology and Experimental/<br>Molecular Therapeutics |
| <input type="checkbox"/> Biostatistics                | <input type="checkbox"/> Endocrinology           | <input type="checkbox"/> Prevention Research  |
| <input type="checkbox"/> Carcinogenesis               | <input type="checkbox"/> Epidemiology            | <input type="checkbox"/> Research Administration/Business Development                         |
| <input type="checkbox"/> Cellular Biology             | <input type="checkbox"/> Genetics and Genomics   | <input type="checkbox"/> Virology   |
| <input type="checkbox"/> Chemistry                    | <input type="checkbox"/> Immunology              |   |
| <input type="checkbox"/> Other (please specify) _____ |  |   |

**Research Classification** (Please check only one)

- Basic  Translational  Clinical  Epidemiological  Behavioral Science

**Demographic Information**

Information concerning gender and ethnic background is solicited to enable the Association to ensure that its programs are appropriately serving all members of the cancer research community.

**Race or Ethnic Background** (Check only one)

- African American or Black  Alaskan Native  Asian  Caucasian  Hispanic or Latino  
 Native American  Native Pacific Islander  Other \_\_\_\_\_  
**Gender**  Male  Female

**Membership Categories**

Below are the categories of membership. View the membership brochure or visit the website at [www.aacr.org/membership](http://www.aacr.org/membership) for a description of the membership categories then check the box below for the category that best fits your qualifications. After review of the applications for membership the Chief Executive Officer will notify candidates of their election or deferral within one month of receipt of the application form. Subscriptions to AACR journals at reduced rates are available to all member categories.

**Active** (Active members in 2012 will receive a complimentary online subscription to the new AACR journal, *Cancer Discovery*. Select one additional journal below.)

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> <i>Cancer Research</i>            | <input type="checkbox"/> <i>Clinical Cancer Research</i>                         | <input type="checkbox"/> <i>Molecular Cancer Research</i>     |
| <input type="checkbox"/> <i>Cancer Prevention Research</i> | <input type="checkbox"/> <i>Cancer Epidemiology, Biomarkers &amp; Prevention</i> | <input type="checkbox"/> <i>Molecular Cancer Therapeutics</i> |

**Associate** (Please indicate level below)

- Graduate Student  Medical Student  Resident  Clinical Fellow  Postdoctoral Fellow

**Affiliate** (Special rates are also offered to Advocates and Survivors)

**Student** (Please indicate academic status below)

- |  |                     |                                   |
|--|---------------------|-----------------------------------|
| <input type="checkbox"/> Undergraduate | Year of Study _____ | Date of Expected Graduation _____ |
| <input type="checkbox"/> High School   | Year of Study _____ | Date of Expected Graduation _____ |

## Association Groups

Check one or more boxes below to join an AACR Constituency or Scientific Working Group.

### Constituencies

- AACR-Minorities in Cancer Research (MICR)  
 AACR-Women in Cancer Research (WICR)

### Scientific Working Groups (additional fees may apply-see below)

- Chemistry in Cancer Research (CICR)  
 Molecular Epidemiology (MEG/AACR)  
 Tumor Microenvironment (TME)  
 Cancer Immunology (CIMM)

- Behavioral Science in Cancer Research (BSCR)  
 Pediatric Cancer (PCWG)

## Statement and Signature of Candidate

I hereby apply for membership in the American Association for Cancer Research. I have read the qualifications and instructions and I understand the privileges and responsibilities of this category of membership. I understand that I will receive communications from AACR regarding my membership and participation in Association programs and activities. I certify that the statements on this application are true.

Print Name: Jana S. Miles Signature of Candidate: \_\_\_\_\_ Date: November 12, 2012

## Nomination and Statement of Support

I recommend this candidate for membership in the American Association for Cancer Research and acknowledge by signing this statement of support that the candidate is qualified for this category of membership. Further, I acknowledge that this candidate adheres to accepted ethical scientific standards and has or will make long-term contributions to cancer research.

248378 Hernan Flores-Rozas, Ph. D. November 12, 2012  
Member No. Nominator (Print) Nominator Signature Date

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## Payment Information

Payment for the first year's dues must accompany this application. Please select the dues rates based on the category of membership for which you wish to apply. (Refer to the AACR website at [www.aacr.org/membership](http://www.aacr.org/membership) for a complete listing of countries with emerging economies.) Dues are billed annually.

### Member Dues

Active ..... \$280 ..... \$ \_\_\_\_\_

Active members located in countries with emerging economies are extended the following dues rates:

Low Income ..... \$ 20 ..... \$ \_\_\_\_\_

Lower Middle Income ..... \$ 30 ..... \$ \_\_\_\_\_

Middle Income ..... \$ 50 ..... \$ \_\_\_\_\_

Associate ..... \$ 50 ..... \$ 50.00

Associate members located in countries with emerging economies are extended the following dues rates:

Low Income ..... \$ 10 ..... \$ \_\_\_\_\_

Lower Middle Income ..... \$ 15 ..... \$ \_\_\_\_\_

Middle Income ..... \$ 25 ..... \$ \_\_\_\_\_

Affiliate ..... \$120 ..... \$ \_\_\_\_\_

Affiliate Survivor/Advocate ..... \$ 75 ..... \$ \_\_\_\_\_

### Association Groups – MEG Membership (additional fees apply)

Active ..... \$ 25 ..... \$ \_\_\_\_\_

Associate ..... \$ 10 ..... \$ \_\_\_\_\_

Affiliate ..... \$ 10 ..... \$ \_\_\_\_\_

### Benefits

Certificate of Membership ..... \$ 25 ..... \$ \_\_\_\_\_

AACR Member Pin ..... \$ 10 ..... \$ \_\_\_\_\_

**Total Amount Due** ..... \$ 50.00

### Method of Payment

Check or Money order enclosed, payable to the American Association for Cancer Research, in U.S. currency, drawn on U.S. bank.

Visa  MasterCard  American Express

Card Number 3772 279066 02002 Expiration Date 07/13

Signature \_\_\_\_\_

## Procedures for Application Submission

### How to Apply for Membership

**Online:** [myAACR.aacr.org](http://myAACR.aacr.org)

**E-mail:** [membership@aacr.org](mailto:membership@aacr.org)

**Fax:** (267) 765-1078

**Mail:** Membership Department, American Association for Cancer Research

615 Chestnut Street, 17th Floor

Philadelphia, PA 19106-4404

### Submission Materials

The official AACR Membership Application Form with all requested information provided. Nomination: Appropriate signature of a nominator (two signatures required for Active member candidates) who is an existing Active, Emeritus, or Honorary member in good standing is required. (Appropriate signatures for Student candidates would include school advisor, mentor, dean, or principal.)

A copy of the candidate's most current curriculum vitae and bibliography. (Candidates applying for Student membership should submit a resume.)

**Affiliate and Student Member Candidates Only:** Cover letter explaining the reasons for the candidate's interest in joining, his or her particular qualifications for this membership category, and the benefit(s) he or she expects to derive from becoming a member.

**Affiliate Member Candidates Only:** At least one recommendation letter from an Active, Emeritus, or Honorary Member which comments on the candidate's current research activity, the specific role the candidate has within the department, and why the nominator feels the candidate should apply for Affiliate rather than Active or Associate membership.

FOR OFFICE USE ONLY:

DR: \_\_\_\_\_ DA: \_\_\_\_\_

DE: \_\_\_\_\_ DC: \_\_\_\_\_