

AAACE Federal ID No.: 52-1484376

**1. Print or Type Your Name, Address & Contact Information**

Full name and credentials for membership certificate \_\_\_\_\_

Address line 1 \_\_\_\_\_

Address line 2 \_\_\_\_\_

City, State/Province \_\_\_\_\_ Zip/Postal Code, Country \_\_\_\_\_

Telephone \_\_\_\_\_ Facsimile \_\_\_\_\_ Email \_\_\_\_\_

**2. Submit Your Membership Dues**

Select your membership category (ALL memberships come with electronic access to the Journal of Cancer Education [JCE]):

- |  |   |
|--|---|
| <input type="checkbox"/> <b>Active</b> ..... \$225<br><input type="checkbox"/> <b>Active LMI Country Resident*</b> ..... \$35<br><input type="checkbox"/> Yes, please mail print subscription to JCE<br><i>(Not applicable for LMI Country Resident members)</i> | <input type="checkbox"/> <b>Associate**</b><br><input type="checkbox"/> With print subscription to JCE.....\$100<br><input type="checkbox"/> Without print subscription to JCE.....\$35 |
| <input type="checkbox"/> <b>Senior</b> (over 65)<br><input type="checkbox"/> With print subscription to JCE.....\$65<br><input type="checkbox"/> Without print subscription to JCE.....\$0   | <input type="checkbox"/> <b>Associate**</b><br><input type="checkbox"/> With print subscription to JCE.....\$100<br><input type="checkbox"/> Without print subscription to JCE.....\$35 |

Total Amount Enclosed USD \$ \_\_\_\_\_

*\*Residents of Low/Middle-Income Countries as identified by the World Bank  
(see [data.worldbank.org/about/countrv-and-lending-groups](http://data.worldbank.org/about/countrv-and-lending-groups) for the current listing).*

**How did you hear about AAACE?**

- Friend/colleague  
 Web search  
 Int'l Cancer Education Conference  
 Other: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**3. I agree that I will abide by the constitution and bylaws of the AAACE.**

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**NAME OF REFERRING AAACE MEMBER (IF APPLICABLE)** \_\_\_\_\_

**4. Send ① completed application form and ② check made out to AAACE or Credit Card Info. for membership dues to:**

AAACE  
820 East High St, Suite A  
Charlottesville, VA 22902 USA

Telephone: +1 (434) 284-4445  
E-mail: [contactaace@aaaceonline.com](mailto:contactaace@aaaceonline.com)

- Visa     MasterCard     American Express

Card Number: \_\_\_\_\_ Expire Date: \_\_\_\_\_ / \_\_\_\_\_

Name as it Appears on Card: \_\_\_\_\_ Billing Address Zip Code: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_ Print Your Name: \_\_\_\_\_