



Membership Application

AACE Federal ID No.: 52-1484376

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

Full name and credentials for membership certificate (**Institutional members enter company info here & Rep. info on pg. 2*)

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]*):

Individual.....\$195

Yes, please mail print subscription to JCE

Institutional.....*\$695

(Includes 3 representatives – enter on pg. 2)

Yes, please mail print subscription to JCE

Senior (over 65)

With print subscription to JCE.....\$65

Without print subscription to JCE.....\$0

Associate**

With print subscription to JCE.....\$85

Without print subscription to JCE.....\$20

Total Amount Enclosed USD \$ _____

**Associate Members include: Students, Fellows, Residents, and residents of Low/Middle-Income Countries as identified by the World Bank (see data.worldbank.org/about/country-and-lending-groups for the current listing).

How did you hear about AACE?

Friend/colleague

Web search

Int'l Cancer Education Conference

Other: _____

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

Signature of Applicant: _____ Date: _____

NAME OF REFERRING AACE MEMBER (IF APPLICABLE) _____

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

AACE
154 Hansen Road, Suite 201
Charlottesville, VA 22911
USA

Toll-free: +1 (866) 678-2223 Canada & USA
Telephone: +1 (434) 284-4445
Facsimile: +1 (434) 977-1856
E-mail: contactaace@aaceonline.com

Visa MasterCard American Express

Card Number: _____ Expire Date: _____ / _____

Name as it Appears on Card: _____ Billing Address Zip Code: _____

Authorized Signature: _____ Print Your Name: _____



* For Institutional Membership Only

Representative #1

Full name and credentials

Address line 1

Address line 2

City, State/Province

Zip/Postal Code, Country

Telephone

Facsimile

Email

Representative #2

Full name and credentials

Address line 1

Address line 2

City, State/Province

Zip/Postal Code, Country

Telephone

Facsimile

Email

Representative #3

Full name and credentials

Address line 1

Address line 2

City, State/Province

Zip/Postal Code, Country

Telephone

Facsimile

Email