



Association of American Cancer Institutes

Regular Membership Application

Date: _____ [Click here to enter a date.](#)

Procedures for Application

Membership applications may be submitted at any time. Please carefully review [criteria](#) for membership prior to completing application. The AACI Board of Directors reviews all applications and formally approves all member institutions. Applicants will be notified of the board’s decision within 60 days of AACI’s receipt of the application.

Please mail the application to:
 Association of American Cancer Institutes
 3708 Fifth Avenue
 Medical Arts Building, Suite 503
 Pittsburgh, PA 15213
Or by email to: shelly@aacii-cancer.org

Membership Dues

Annual membership dues are \$8,000.

Cancer Center			
Name (as it should appear in the AACI online membership directory and other printed materials)			
Parent Institution (if applicable)			
Website Address			
Cancer Center Director			
Name		Title	
Street Address (line 1)			
Street Address (line 2)			
City		State	Zip
() - ext.	() -	E-mail	
Phone	Fax	E-mail	
Administrative Assistant’s Name		Title	
() - ext.	() -	E-mail	
Phone	Fax	E-mail	



Cancer Center Organization

Please indicate the organizational structure that best describes your cancer center:

NCI-designated cancer center

Emerging academic cancer center

NCI-designated comprehensive cancer center

Please provide a brief overview of your center and its organizational structure:

Cancer Center's Mission:

Cancer Center's Objectives:



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Cancer Center Budget (Please use actual figures – not projected)

1. Please indicate the 12-month period for actual funding data provided below:	Begin: Click here to enter a date.	End: Click here to enter a date.
2. What is the cancer center’s annual research budget from all sources?	\$0.00	
3. Please indicate the amount of the cancer center’s research budget that is received from each of the following sources:		
a) Parent Institution	\$0.00	
b) Federal Government	\$0.00	
c) State Government	\$0.00	
d) American Cancer Society	\$0.00	
e) Other Peer Reviewed	\$0.00	
f) Industry	\$0.00	
g) Philanthropy (e.g. foundations, individuals, etc.)	\$0.00	
	\$ 0.00	← (Upon completing lines 3a through 3g, please right click and select “update field” to display the total. It should match the answer to question 2 in this section.)
4. Please indicate the amount of the cancer center’s research budget that is received from each of the following federal government sources:		
a) National Cancer Institute (NCI)	\$0.00	
b) Other National Institutes of Health (NIH)	\$0.00	
c) Department of Defense (DOD)	\$0.00	
d) National Science Foundation (NSF)	\$0.00	
e) Other Federal Sources (peer reviewed)	\$0.00	
	\$ 0.00	← (Upon completing lines 4a through 4e, please right click and select “update field” to display the total. It should match the answer to question 3b in this section.)
5. Please indicate the amount of the cancer center’s research budget that is allocated to the following areas:		
a) Basic Research	\$0.00	
b) Clinical Research	\$0.00	
c) Population Sciences	\$0.00	
d) Shared Resources	\$0.00	
e) Administrative and Support Services	\$0.00	
	\$ 0.00	← (Upon completing lines 5a through 5e, please right click and select “update field” to display the total. It should match the answer to question 2 in this section.)
6. If applicable, what is the amount of the cancer center’s NCI Cancer Center Support Grant (CCSG)?	\$0.00	
7. Please attach a listing of all actively funded, cancer center related projects competitively awarded by external sources to the fiscally responsible institution of which the cancer center is a part. You may substitute the NCI CCSG Data Table (Summary) 2A form if applicable.		



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Cancer Center Research Programs

What are the cancer center's **basic and clinical research** programs? (Please check all that apply)

- | | | | |
|--|--|--|---|
| <input type="checkbox"/> Angiogenesis | <input type="checkbox"/> Apoptosis | <input type="checkbox"/> Biostatistics | <input type="checkbox"/> Breast Cancer |
| <input type="checkbox"/> Cancer Biology | <input type="checkbox"/> Cancer Cell Biology | <input type="checkbox"/> Cancer Epidemiology | <input type="checkbox"/> Cancer Genetics |
| <input type="checkbox"/> Cancer Stem Cells | <input type="checkbox"/> Carcinogenesis | <input type="checkbox"/> Cell Signaling | <input type="checkbox"/> Cellular Proliferation |
| <input type="checkbox"/> Cellular Structure | <input type="checkbox"/> Developmental Biology | <input type="checkbox"/> DNA Damage/Cell Defense | <input type="checkbox"/> Endocrinology |
| <input type="checkbox"/> Gastrointestinal Cancer | <input type="checkbox"/> Gene Regulation | <input type="checkbox"/> Gene Expression | <input type="checkbox"/> Genitourinary Cancer |
| <input type="checkbox"/> Genomics | <input type="checkbox"/> Glycobiology | <input type="checkbox"/> Gynecologic Cancer | <input type="checkbox"/> Head & Neck Cancer |
| <input type="checkbox"/> Hematologic Cancers | <input type="checkbox"/> Hematopoiesis | <input type="checkbox"/> Immunology | <input type="checkbox"/> Leukemia |
| <input type="checkbox"/> Lung Cancer | <input type="checkbox"/> Lymphoma | <input type="checkbox"/> Melanoma | <input type="checkbox"/> Migration & Metastasis |
| <input type="checkbox"/> Molecular Biology | <input type="checkbox"/> Molecular Carcinogenesis | <input type="checkbox"/> Molecular Genetics | <input type="checkbox"/> Molecular Imaging |
| <input type="checkbox"/> Ovarian Cancer | <input type="checkbox"/> Pediatric Cancer | <input type="checkbox"/> Prostate Cancer | <input type="checkbox"/> Radiation Biology |
| <input type="checkbox"/> Renal Cancer | <input type="checkbox"/> Signal Transduction | <input type="checkbox"/> Solid Tumors | <input type="checkbox"/> Stem Cell Biology |
| <input type="checkbox"/> Structural Biology | <input type="checkbox"/> Tobacco Related Malignancies | | <input type="checkbox"/> Translational Research |
| <input type="checkbox"/> Transplantation Biology | <input type="checkbox"/> Tumor Biology | <input type="checkbox"/> Tumor Imaging | <input type="checkbox"/> Women's Cancers |
| <input type="checkbox"/> Breast Oncology | <input type="checkbox"/> Cancer Imaging | | <input type="checkbox"/> Cancer Immunology |
| <input type="checkbox"/> Cancer Pharmacology | <input type="checkbox"/> Clinical Research Informatics | | <input type="checkbox"/> Developmental Therapeutics |
| <input type="checkbox"/> Experimental Therapeutics | <input type="checkbox"/> GI Oncology | | <input type="checkbox"/> Gene Targeting & Therapy |
| <input type="checkbox"/> Genitourinary Oncology | <input type="checkbox"/> Head & Neck Oncology | | <input type="checkbox"/> Molecular Oncology |
| <input type="checkbox"/> Neuro-Oncology | <input type="checkbox"/> Pediatric Oncology | | <input type="checkbox"/> Radiation Oncology |

Other basic and clinical research programs: (Please list)



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Cancer Center Research Programs (continued)

What are the cancer center’s **population science/cancer control research** programs?
(e.g. tobacco, disparities, survivorship, etc.)

Cancer Related Community Activities

Please provide a brief description of ways your center contributes to and actively participates in cancer-related community:

a.) Prevention activities:
b.) Education activities:
c.) Screening activities:

Cancer Center Patient Care

If applicable, please provide the number of new patients* seen at the cancer center:

Please indicate the 12-month reporting period: **Begin:** **End:**
 Click here to enter a date. Click here to enter a date.

*Reportable patients are those seen face-to-face and *first registered* at the cancer center, whether as inpatients or outpatients, during the reporting period, as defined in the [NCI CCSG Data Table \(Summary\) 3](#).

Cancer Center Clinical Trials

The following section on clinical research is based on the [NCI CCSG Data Table \(Summary\) 4](#). Please provide the number of open clinical trials and patients accrued to trials in each of the following categories:

Clinical Research Category	# of Open Protocols	# of Patients Accrued
Interventional		
Observational		
Ancillary or Correlative		
Upon completing the questions above, please right click and select "update field" to display the totals →	0	0



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Please provide the center's average annual patient accrual to therapeutic clinical trials:		%
For clinical trials involving an agent or device or intervention <i>only</i> , please provide the number of open trials organized by trial sponsor:		
Clinical Trial Sponsor Type	# of Open Protocols	# of Patients Accrued
National Cooperative Group Trials		
Other Externally Peer-Reviewed Trials		
Institutional Trials		
Industry Trials		
<i>Upon completing the questions above, please right click and select "update field" to display the total →</i>		0
Please indicate the 12-month reporting period:		
	Begin: Click here to enter a date.	End: Click here to enter a date.

AACI Programs and Initiatives

To assist AACI leadership in planning future programs and initiatives, please describe specific issues of greatest concern to your cancer center: