



## SITC PROFILE

The Society for Immunotherapy of Cancer (SITC) was established in 1984 to facilitate the exchange and promotion of scientific information about the use of biological cancer therapies. SITC is a 501(c)(3) not for profit organization of medical professionals with a constituency of academic, government, industry, clinical, and basic scientists from around the world. The Society was founded on the belief that new systemic therapeutic treatments would continue to complement chemotherapies and move into the mainstream in the fight against cancer. To aid in this effort, SITC provides intimate channels for the discussion of current clinical trial results and methodologies, as well as means to collaborate on new initiatives in tumor immunology and biological therapy. It is these key interactions and innovations that help advance the progress of cancer research and therapies and lead to better patient outcomes.

## CORE PURPOSE

To improve cancer patient outcomes by advancing the development and application of biological therapy/immunotherapy

## CORE VALUES

- **Interaction/Integration** – exchange of information and education among basic and translational researchers, clinicians, and young investigators; societies and groups sharing the vision and core values of SITC
- **Innovation** – challenge the thinking and seek the best research in the development of biological therapy/immunotherapy
- **Translation** – promote the application and understanding of biological therapy/immunotherapy
- **Leadership** – define what is new and important and effectively communicate it to all relevant stakeholders

## MEMBERSHIP

The Society for Immunotherapy of Cancer invites your support for our organization, its activities, and events, by becoming a member of the Society. SITC fills its membership with those from industry, academia, and government, serving as clinical and basic scientists and industry representatives. Your contributions as a member can help shape SITC policy as we continue in our efforts to advance the development and application of biological therapy.

Through membership in SITC, you will be a member of an organization that is actively engaged in facilitating the implementation of timely, cutting-edge translational clinical research in cancer biotherapy.

## APPLICATION REQUIREMENTS

### Regular applicants:

- Curriculum Vitae or educational resumé

### Affiliate applicants:

- Business or educational resumé or Curriculum Vitae

### Student applicants:

- Proof of enrollment
- Letter of recommendation or Curriculum Vitae

## WHAT SITC MEMBERSHIP OFFERS

- Access to the best science in the field
- Early access to timely information on what is new and relevant to biological approaches for the treatment of cancer
- Opportunities to participate in and shape discussions that guide progress in the field
- Opportunities to network with colleagues to develop new ideas, establish new collaborations to advance your work, and participate in active scientific exchange
- Access to luminaries in the field, including leading scientists and clinical researchers
- Guidance on relevant and timely issues
- The opportunity to advance your career

## ADDITIONAL BENEFITS

- One year subscription to the *Journal of Immunotherapy*, the official journal of SITC
- One year, online full-text access to the *Journal of Immunotherapy*
- Reduction in submission fees and opportunity for rapid publication in SITC's subsection of the open-access *Journal of Translational Medicine*
- Reduction in Annual Meeting registration fees and online presentations
- Online directory of SITC members
- Access to "Members Only" section of SITC website: [www.sitcancer.org](http://www.sitcancer.org)
- Eligibility to serve on SITC Committees
- Eligibility to serve on SITC Board of Directors (Regular members)

## MEMBERSHIP TYPES

**Regular Membership (\$220 annual dues)** – Available to individuals with an MD or PhD in a biological science or the equivalent who are active, bona fide representatives of the international scientific community with a specialty or interest in a field related to the biological therapy of cancer. Regular membership includes the right to vote.

**Affiliate Membership (\$220 annual dues)** – Available to individuals active or otherwise interested in the biological therapy of cancer. Affiliate membership does not include the right to vote.

**Scientist in Training (Student) Membership (\$50 annual dues)** – Available to individuals enrolled in MD or PhD academic programs or those participating in post-doctoral fellowships and residency programs who show a demonstrated interest in biological therapy of cancer. Student membership includes an online only subscription to the *Journal*, but does not include the right to vote.



# Membership Application

Society for Immunotherapy of Cancer

Please check the membership category you are applying for:

- Regular
- Affiliate
- Scientist in Training (Student)

Name: \_\_\_\_\_

Academic Degree: (please circle) MD PhD RN MS NP PharmD Other: \_\_\_\_\_

Institution/Company: \_\_\_\_\_

Title: \_\_\_\_\_ Dept: \_\_\_\_\_

Mailing address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Country: \_\_\_\_\_ Email: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

### WORK SECTOR (CHECK ONE):

- Academia
- Government
- Industry/Corporate
- Not-for-Profit Organization

### PRACTICE OR WORK SETTING (CHECK ONE):

- Lab
- Clinic
- Lab & Clinic (translational)
- Government
- Hospital
- Medical School/University
- Pharmaceutical/Biotech
- None

### PLEASE CHECK YOUR FIELD(S) OF SPECIALTY:

- |   |  |   |  |
|---|--|---|--|
| <input type="checkbox"/> Cell Biology         | <input type="checkbox"/> Immunotherapy     | <input type="checkbox"/> Pediatric Oncology       | <input type="checkbox"/> Stem Cell Biology |
| <input type="checkbox"/> Dermatology          | <input type="checkbox"/> Internal Medicine | <input type="checkbox"/> Pharmacology/ Toxicology | <input type="checkbox"/> Surgical Oncology |
| <input type="checkbox"/> Genetics             | <input type="checkbox"/> Medical Oncology  | <input type="checkbox"/> Radiation Oncology       | <input type="checkbox"/> Transplantation   |
| <input type="checkbox"/> Gynecologic Oncology | <input type="checkbox"/> Microbiology      | <input type="checkbox"/> Radiology                | <input type="checkbox"/> Others _____      |
| <input type="checkbox"/> Hematology           | <input type="checkbox"/> Molecular Biology |   |  |

### PLEASE CHECK THE DISEASE STATE(S) MOST AFFILIATED WITH YOUR RESEARCH OR PRACTICE:

- |                                      |   |                                   |  |                                       |
|--------------------------------------|---|-----------------------------------|--|---------------------------------------|
| <input type="checkbox"/> Breast      | <input type="checkbox"/> Hepatocellular | <input type="checkbox"/> Lung     | <input type="checkbox"/> Neuroblastoma | <input type="checkbox"/> Renal Cell   |
| <input type="checkbox"/> Colorectal  | <input type="checkbox"/> Kidney         | <input type="checkbox"/> Lymphoma | <input type="checkbox"/> Ovarian       | <input type="checkbox"/> Others _____ |
| <input type="checkbox"/> Head & Neck | <input type="checkbox"/> Leukemia       | <input type="checkbox"/> Melanoma | <input type="checkbox"/> Prostate      |                                       |

### APPLICATION REQUIREMENTS:

#### Regular applicants:

- I will email my CV or educational resumé to info@sitcancer.org.
- My CV or educational resumé is enclosed.

#### Affiliate applicants:

- I will email my business or educational resumé to info@sitcancer.org
- My business or educational resumé is enclosed.

#### Student applicants:

- I will email my letter of recommendation and proof of enrollment to info@sitcancer.org.
- My letter of recommendation and proof of enrollment are enclosed.

Membership applications are reviewed throughout the year. Applicants will be contacted upon acceptance. Membership is valid from the date dues are paid in full until the end of that calendar year.

### MEMBERSHIP FEE:

- Regular/Affiliate (\$220)
- Student (\$50)
- Check (enclosed)
- VISA
- MasterCard
- American Express

Card Holder: \_\_\_\_\_

Card Number: \_\_\_\_\_ Exp.: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_