

ACA Member Application Camp/Program

www.ACAcamps.org/membership

american **CAMP** association®

For office use only

1. Operator Account Information *(all financial information about the camps will be sent here)*

Operator Name _____
Attention _____
Address _____
City, State, Zip _____
Phone _____ Fax _____
E-mail _____ Web Address _____

The operator's affiliation can best be described as:

Independent/For-Profit Religious _____
 Independent/Nonprofit Agency _____
 Government Other _____

How many camp locations are you applying for? _____. Be sure to complete the camp information (Section 2) and primary contact information (Section 3) below for each camp location.

2. Camp Information *(complete for each location)*

Will this camp be seeking accreditation? Yes No
If yes, in what year? _____

If yes, please contact ACA before filling out this application.

More about accreditation at
www.ACAcamps.org/accreditation/hnolearn.php.

Camp Name _____
Camp Physical Location Address _____
(No P.O. Box)
City, State, Zip _____
Camp Mailing Address *(if different)* _____
City, State, Zip _____
Phone _____
Fax _____
Camp Business E-mail _____
Camp Web Address _____

Camp Types (check all that apply)
 Day Rental to Groups Other
 Resident Short-term/Weekend

Has this camp been registered with ACA before? Yes No
If yes, former camp name _____

3. Primary Contact *(must be an ACA individual member)*

At least one ACA individual membership is included in the camp fee.

Name _____
Job Title _____
Mailing Address _____
City, State, Zip _____
Work Phone _____
Cell _____
Home Phone _____
Personal / Direct E-mail _____

Demographics

This demographic information helps us understand characteristics of our community so we can be effective in writing grant applications and developing and promoting the appropriate products and services. We keep your personal information confidential.

Gender	Highest Education Level <i>(check one)</i>
<input type="checkbox"/> Female	<input type="checkbox"/> High School Graduate <input type="checkbox"/> Master's
<input type="checkbox"/> Male	<input type="checkbox"/> Some College <input type="checkbox"/> Doctorate
	<input type="checkbox"/> Bachelor's <input type="checkbox"/> MD
Date of Birth _____	<input type="checkbox"/> Some Post Graduate Work <input type="checkbox"/> JD
	<input type="checkbox"/> Other _____

Race/Ethnicity *(Choices based on U.S. Census Report)*

<input type="checkbox"/> Asian	<input type="checkbox"/> Native American/Alaskan Native	<input type="checkbox"/> White
<input type="checkbox"/> Black or African American	<input type="checkbox"/> Pacific Islander/Native Hawaiian	<input type="checkbox"/> Other _____
<input type="checkbox"/> Hispanic or Latino		
<input type="checkbox"/> Multiracial		

Copy this page so you can provide information about each one of your camp locations.

4. Additional Individual Members

If you have more than 2 additional individual members, please copy this page and provide additional member information there.

Person 1 _____
 Job Title _____
 Mailing Address _____
 City, State, Zip _____
 Work Phone _____
 Cell _____
 Personal / Direct E-mail _____
 Choose one:
 ACA Individual Member \$150 (\$50 discount)
 Retiree \$60 (\$140 discount)
 Student \$35 (\$165 discount)
 ACA Standards Visitor \$95 (\$105 discount)
 Volunteer for my organization \$95 (\$105 discount)
 Educator \$95 (\$105 discount)
 Expanded Learning Staff \$95 (\$105 discount)
Total dues for this individual member..... \$ _____

Demographics
This demographic information helps us understand characteristics of our community so we can be effective in writing grant applications and developing and promoting the appropriate products and services. We keep your personal information confidential.

Gender
 Female
 Male

Highest Education Level (check one)
 High School Graduate
 Some College
 Bachelor's
 Some Post Graduate Work
 Master's
 Doctorate
 MD
 JD
 Other _____

Date of Birth _____

Race/Ethnicity (Choices based on U.S. Census Report)
 Asian
 Black or African American
 Hispanic or Latino
 Multiracial
 Native American/Alaskan Native
 Pacific Islander/Native Hawaiian
 White
 Other _____

Person 2 _____
 Job Title _____
 Mailing Address _____
 City, State, Zip _____
 Work Phone _____
 Cell _____
 Personal / Direct E-mail _____
 Choose one:
 ACA Individual Member \$150 (\$50 discount)
 Retiree \$60 (\$140 discount)
 Student \$35 (\$165 discount)
 ACA Standards Visitor \$95 (\$105 discount)
 Volunteer for my organization \$95 (\$105 discount)
 Educator \$95 (\$105 discount)
 Expanded Learning Staff \$95 (\$105 discount)
Total dues for this individual member..... \$ _____

Demographics
This demographic information helps us understand characteristics of our community so we can be effective in writing grant applications and developing and promoting the appropriate products and services. We keep your personal information confidential.

Gender
 Female
 Male

Highest Education Level (check one)
 High School Graduate
 Some College
 Bachelor's
 Some Post Graduate Work
 Master's
 Doctorate
 MD
 JD
 Other _____

Date of Birth _____

Race/Ethnicity (Choices based on U.S. Census Report)
 Asian
 Black or African American
 Hispanic or Latino
 Multiracial
 Native American/Alaskan Native
 Pacific Islander/Native Hawaiian
 White
 Other _____

5. Member Dues Table for Camps

Operating Income/Expense Scale	Included Camp/Individual Membership Pairs	Dues Rate for the Operator
\$0 - \$500,000	1	\$350
\$500,001 - \$1,000,000	2	\$500
\$1,000,001 - \$2,000,000	3	\$750
\$2,000,001 - \$5,000,000	4	\$1,250
\$5,000,001 - \$10,000,000	5	\$1,750
\$10,000,001 - \$15,000,000	6	\$2,250
\$15,000,001 - \$20,000,000	7	\$2,750
\$20,000,001 - \$25,000,000	8	\$3,250
\$25,000,000+	10	Please Call

Choose the operating budget that represents the greater of your operation's gross operating budget OR its gross operating expense. Then circle the related dues and number of included camp/individual pairs. If your operation has more camps than are included in the dues category you have chosen, you may add additional camp/individual pairs for \$100 each pair. You may also add additional individuals (see Section 3).

Member Dues from Table \$ _____
 Additional Camp/Individual Pairs at \$100 Each \$ _____
 Additional Individual Members Beyond the Pairs
 (see Sections 2 & 3) \$ _____
Camp Subtotal..... \$ _____

6. Elective Dues

Religiously Affiliated Camp Council Dues

Primary Contact — RAC Dues..... \$40
Number of Additional Individuals (from Sections 3 and 6).....
..... X \$40 = _____
Members represent national religious communities involved with camps.

Not-for-Profit Council Dues

Primary Contact — NFPC Dues..... \$25
Number of Additional Individuals (from Sections 3 and 6).....
..... X \$25 = _____
Open to ACA members with a nonprofit affiliation. Offers NFPC Web page and kindred meeting at the National Conference.

Total elective dues

7. Contributions

Thank you for your tax deductible contribution!

Send a Child to Camp

Suggested contribution: \$500.....
Children are our future, the skills learned and relationships fostered at camp are often life-changing stepping stones on the road to adulthood.

ACA Annual Fund

Suggested contribution: \$250.....
Your contribution makes a difference in the camp world. With your important support, we spread the message that camp is an essential part of healthy human development. Your donation supports public policy work, public awareness initiatives, research, technology advances, and program development.

ACA Because of Camp . . .® Campaign (for Public Awareness)

Suggested contribution: \$400.....
Donate today and help share camp’s positive message with millions of families nationwide. Camp — It’s Good for Life!

Total contributions

8. Remittance

Camp Fees (from Section 5)

Additional Camp/Individual Pairs (total from Sections 2 & 3).....

Additional Members (total from Section 4)

Elective Dues (total from Section 6)

Contributions (total from Section 7)

TOTAL

9. Payment Method

Check or Money Order VISA MasterCard Discover AmEx

Account No. _____ / _____ / _____ / _____

Exp. Date _____ CVV No.* _____

Signature _____

**3-digit card verification number on back of card. 4-digit number for AmEx.*

10. Verification

By signing here, I affirm that: (1) the statements made on this application are correct; (2) in determining the camps’ fees, I have used the correct budget category for the camp(s); (3) I understand dues and fees are renewable annually and they cannot be refunded or transferred to another individual or camp or to next year’s services; (4) for tax purposes, ACA dues and fees may be deductible as a business expense, but are not deductible as a charitable contribution; and (5) I understand this is a pilot program and is for camps that have not been accredited by ACA or pay ACA camp fees.

Signature of legal representative of the operator (required to process):

Date _____

Printed Name _____

Title _____

The American Camp Association is a voluntary association and reserves the right to decline membership for any or no reason.

Please return completed application and remittance by U.S. mail or fax to:

American Camp Association
5000 State Road 67 North
Martinsville, IN 46151-17902
800.428.2267 phone
765.342.2065 fax