

ACA-Accredited Camp or Camp Affiliate Application

www.ACAcamps.org/membership

american **CAMP** association™

For office use only

Please print or type.

► Camp Operator Information

Operator Name _____
(person or organization financially responsible for the camp)

Address _____

City _____ State _____ Zip _____

Phone (____) _____ Ext. _____ Fax (____) _____

E-mail _____

Web Address _____

► Camp Information

Seeking (check one)

- ACA Accreditation for this camp
(If so, see the application deadline information in the attached instructions.)
- Camp Affiliate status in ACA

Camp Name _____

Camp Primary Business Mailing Address (camp year-round address)

Address _____

City _____ State _____ Zip _____

Phone (____) _____ Ext. _____ Fax (____) _____

E-mail _____

Web Address _____

Camp Location Mailing Address (if different from above)

Street address will not be published in ACA's information to the public.

Address _____

County _____

City _____ State _____ Zip _____

Phone (____) _____ Ext. _____ Fax (____) _____

E-mail _____

The camp's organizational affiliation can best be described as:

- Independent/for-profit Religious _____
- Independent/nonprofit Agency _____
- Government Other _____

Camp Types (check all that apply)

- Day Resident Rental to Groups Short-term/Weekend

Has this camp been registered with ACA before? Yes No

If yes, Former Camp Name _____

ACA Camp No. _____

Former ACA Liaison's Name _____

ACA Member No. _____

► ACA Liaison Information

The ACA Liaison is the person ACA will contact regarding all camp matters except for financial matters. All billing matters are sent to the Operator.

Liaison Name _____
First MI Last

Are you a current member of ACA? Yes No

If so, please indicate member no. _____

Mailing Address — Is this a business address? Yes No

If yes, Camp/Company Name _____

Address _____

City _____ State _____ Zip _____

Phone (____) _____ Ext. _____ Fax (____) _____

E-mail _____

Specific Camp Responsibility or Area of Interest _____

At least one Professional membership is included in the camp fee. The ACA Liaison must be an ACA member either at the Professional or Associate level.

Type of membership desired for the ACA Liaison

Refer to number 4 in the attached instructions.

- Professional — Included Associate — Paying
- Professional — Paying

► Demographic Information Optional for ACA Liaison (for statistical purposes)

Gender

Female

Male

Birth Date _____

Level of Education (check one)

High School Graduate

Some College

Bachelor's

Some Post Graduate Work

Other _____

Master's

Doctorate

MD

JD

Ethnic Background*

Asian

Black or African American

Hispanic or Latino

Multiracial

Native American/Alaskan Native

Pacific Islander/Native Hawaiian

White

Other _____

*Choices based on U.S. Census Report.

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► **Calculating Camp Fees**

Refer to numbers 6-8 in the attached instructions.

Step 1. Camp Fee (includes up to 4 camps) \$ _____

Select dollar amount from Camp Fee Rate Table (at right) that represents the greater of your gross operating income or gross operating expense from all sources for the camps listed.

Step 2. Additional Camps to be Accredited

(over four — add \$100 for each additional camp) \$ _____

Accreditation services are included for up to four camps. If more than four are seeking or maintaining accreditation, add \$100 for each additional camp.

Step 3. Number of Included Memberships

(found on the Camp Fee Rate Table)

For any additional included memberships, other than the ACA Liaison, please fill out a separate application for individual membership and attach it to this form.

► **Elective Dues and Contributions** for ACA Liaison

Religiously Affiliated Camps Council Dues \$25

Members represent national religious communities involved with camps. Offers newsletters and kindred meetings.

Not-for-Profit Council Dues \$25

Open to any ACA member with a nonprofit affiliation. Offers a newsletter and kindred meetings.

CAMPaign '07 — I Believe Even More (suggested contribution) \$50

Through CAMPaign '07, ACA will mobilize the necessary resources to enhance the value, identity, image, and influence of the camp experience.

Please indicate how acknowledgment should appear in print.

► **Remittance**

Camp Fees \$ _____

Elective Dues and Contributions \$ _____

TOTAL \$ _____

► **Payment Method**

Check or Money Order Enclosed

VISA MasterCard Discover Expiration Date _____

Acct. # _____ / _____ / _____ / _____

Signature _____

► **Verification** Read and sign this section.

By signing below, I affirm that:

- the statements made on this application are correct;
- I meet the requirements for the membership category I have chosen;
- I have read and agree to abide by the Code of Ethics for All Members of the American Camp Association;
- I understand dues and fees are renewable annually (They cannot be refunded or transferred to another individual or to next year's services.); and
- for tax purposes, ACA dues and fees may be deductible as a business expense, but are not deductible as a charitable contribution.

Signature (required to process) _____

Date _____

► **Camp Fee Rate Table**

Illinois

7/1/08-6/30/09

↳ 7/1/09-6/30/10

Total Operating Income/Expense	Professional Membership	Total Camp Fees
\$0 - \$25,000	1	\$538.00
\$25,001 - \$50,000	1	\$642.00
\$50,001 - \$100,000	1	\$803.00
\$100,001 - \$200,000	1	\$1,100.00
\$200,001 - \$300,000	1	\$1,565.00
\$300,001 - \$400,000	1	\$1,632.00
\$400,001 - \$500,000	1	\$1,724.00
\$500,001 - \$600,000	2	\$1,955.00
\$600,001 - \$700,000	2	\$2,049.00
\$700,001 - \$800,000	2	\$2,142.00
\$800,001 - \$900,000	2	\$2,263.00
\$900,001 - \$1,000,000	2	\$2,382.00
\$1,000,001 - \$1,500,000	3	\$2,559.00
\$1,500,001 - \$2,000,000	3	\$2,678.00
\$2,000,001 - \$3,000,000	4	\$2,841.00
\$3,000,001 - \$4,000,000	5	\$3,000.00
\$4,000,001 - \$6,000,000	6	\$3,161.00
\$6,000,001 - \$8,000,000	7	\$3,321.00
\$8,000,001 - \$10,000,000	8	\$3,536.00
\$10,000,001 - \$12,000,000	9	\$3,751.00
\$12,000,001 - \$14,000,000	10	\$3,965.00
\$14,000,001 - \$16,000,000	11	\$4,179.00
\$16,000,001 - \$18,000,000	12	\$4,394.00
\$18,000,001 - \$20,000,000	13	\$4,608.00

\$20,000,001+ Please call the National Office for these rates

ACA-Accredited Camp or Camp Affiliate Application Instructions

1. Fill out the Operator information. This is the person(s) or organization that is financially responsible for the camp(s). This Operator will be sent all financial information about the camp(s) such as the ACA camp fee renewal notice.
2. Indicate whether this camp will be pursuing ACA accreditation. To apply for ACA accreditation, a camp must operate (or host a group that operates) one or more sessions that is at least five days long. Camps not currently trying for ACA accreditation are signed up as "Camp Affiliates." (It is inappropriate to advertise your camp as affiliated with or as a member of ACA. Only camps earning ACA accreditation may advertise their relationship with ACA.)
3. Complete the Camp Information section of the application.
4. Complete the ACA Liaison Information section. The ACA Liaison is the person ACA will contact regarding all camp matters, except financial matters (which are sent to the Operator). Each camp must have an ACA Liaison identified (the same person can be the ACA Liaison for more than one camp). This individual must be an ACA member, at either the Professional or Associate level. Because at least one Professional membership is included in the camp fee, in most cases the ACA Liaison will be a Professional member. However, there are exceptions such as noted in the following example: *An Operator is paying for two camps. The combined budget places the Operator at a camp fee rate that includes only one membership. The Operator wants the camps to have two different ACA Liaisons. In this case, the Operator would need to pay for the second membership. That membership can be at either the Associate or Professional level.*
5. Complete the optional demographic information for the ACA Liaison. This information is collected and used for statistical purposes.
6. Decide if you are paying for a single camp or multiple camps. Operators that run more than one camp may combine the budgets of those camps and compute camp fees based on that total. Each camp is still a separate entity within ACA and will require a separate visit if seeking ACA accreditation; however, the advantage is a potential savings in camp fees. If paying in this manner, all of these camps must be signed up in the same ACA section — even if the camps are in different sections. **A separate application from each of these camps must be attached.**
7. Compute your camp fees. **Annual camp fees are established by using the greater of your gross operating income or gross operating expense from all sources for the camps listed.** Select dollar amount from Camp Fee Rate Table. Operators may combine the budgets of all the camps they are including (both ACA-accredited camps and Camp Affiliates may be combined). Capital improvements or investments need not be included. Camp fees include accreditation services for up to four camps; additional camps may seek accreditation for \$100 each.
8. Use the Camp Fee Rate Table to determine how many additional memberships other than the ACA Liaison are included in your camp fee. You will need to complete an individual membership application for each additional person and attach them to this application.

Application Deadline: For camps seeking accreditation that operate summer day or resident camp programs (including trip and travel), **March 1 is the deadline** for receipt of the application and full camp fees to ensure that an accreditation visit can be scheduled during the upcoming summer. After March 1, your local ACA section will be contacted to determine if a visit can be scheduled.

A Code of Ethics identifies those behaviors and attitudes the profession believes to be minimum acceptable commitments to the well being of others. It is not possible for a code to identify or include all such practices or concepts. The existence of a Code of Ethics cannot guarantee that all persons will behave in ways deemed ethical by all other persons. A code is built on a commitment to integrity, truthfulness, and fairness to all persons. To that end, the members of the American Camp Association agree, by their membership, to uphold the following:

- I shall conduct myself in a manner consistent with the association's mission to serve organized camps, affiliated programs, and the public by promoting better camping for all.
- I shall recognize my responsibility for the welfare of others in my care.
- I shall abide by and comply with the relevant laws of the community.
- I shall be a member in the proper ACA classification as currently defined by the ACA National Board of Directors; and I shall disclose my affiliation with ACA only in a manner specifically permitted by the association.
- I shall speak for the association only when specifically authorized to do so and will otherwise make clear that my statements and actions are those of an individual member.
- I shall respect the confidences of ACA members, camps, and other constituents within the camp community; however, I shall accept responsibility to pass on to the appropriate ACA official, information I deem reliable that will help protect the camp community against unethical practices by any individual.

Camp Owners, Directors, and Executives

The association recognizes the camp owner, director, and executive as the primary professional persons assuming the greatest responsibility for actual camp practices. Therefore, in addition to the Code of Ethics for all members, any member operating a camp accredited by or affiliated with the American Camp Association agrees to subscribe to the following:

- I shall endeavor to provide an environment conducive to promoting and protecting the physical and emotional well being of the campers and staff.
- I shall seek to instill in my staff and campers a reverence for the land and its waters and all living things, and an ecological conscience which reflects the conviction of individual responsibility for the health of that environment.
- I shall follow equal opportunity practices in employment and camper enrollment.
- I shall endeavor to employ persons based upon factors necessary to the performance of the job and the operation of the camp.
- I shall be truthful and fair in securing and dealing with campers, parents/guardians, and staff.
- I shall provide a written enrollment policy for all camper/family applicants including fees, payment schedules, discounts, dates of arrival and departure, together with a clearly stated refund policy.
- I shall provide for each staff member a written job description and employment agreement including period of employment, compensation, benefits, and exceptions.
- I shall promptly consult with parents or guardians of any camper or minor staff member as to the advisability of removing him/her from camp should it be clear that he/she is not benefiting from the camp experience or the camper's or minor staff member's actions have created this need.
- I shall make arrangements with the parents or guardians for the return of their camper(s) or minor-age staff member(s).
- I shall pay the correct national and section fees as established by the ACA National Board of Directors and the ACA Section Board of Directors.
- I, or my agent, will promptly respond to any and all complaints received by me and make a good faith effort to resolve all such complaints in accordance with generally accepted good business practices and the ACA Code of Ethics.