

Individual Membership Application

american **CAMP** association®
www.ACAcamps.org/membership

For office use only

► Individual Membership Information

Check one: Mr. Ms. Mrs. Dr. Other _____

Name _____
First MI Last Nickname

Home Address

Street Address _____ Primary E-mail _____

City _____ State/Province _____ Secondary E-Mail _____

Zip/Postal Code _____ Country _____

Organization Address Camp School Business Organization

Organization Name _____ Work Phone _____ Ext. _____

Job Title _____ Home Phone _____

Street Address _____ Mobile Phone _____

City _____ State/Province _____ Fax _____

Zip/Postal Code _____ Country _____

Which is your preferred mailing address? Home Organization

► Professional Affiliation I am most interested in ACA in my role as: (please check all that apply)

- | | | | |
|---|---------------------------------------|--|--|
| <input type="checkbox"/> Agency Director | <input type="checkbox"/> Coach | <input type="checkbox"/> Program Administrator | <input type="checkbox"/> School Counselor |
| <input type="checkbox"/> Afterschool Professional | <input type="checkbox"/> Educator | <input type="checkbox"/> Psychologist | <input type="checkbox"/> Student |
| <input type="checkbox"/> Camp Director | <input type="checkbox"/> Homeschooler | <input type="checkbox"/> Public Policy Advocate/Legislator | <input type="checkbox"/> Supplier |
| <input type="checkbox"/> Camp Owner | <input type="checkbox"/> Nurse | <input type="checkbox"/> Religious Youth Leader | <input type="checkbox"/> Youth Development Leader/Professional |
| <input type="checkbox"/> Camp Staff | <input type="checkbox"/> Parent | <input type="checkbox"/> Retired Professional | |

If you are camp staff, what is your specific responsibility? Assistant Director Board Member Business Office Counselor/CIT
 Food Service Health Program Site & Facilities

Are you: Seasonal Camp Staff? Year-Round Camp Staff?

► Organizational Affiliation

If you are affiliated with an organization, please indicate which type.

- Agency
- Independent/for-profit
- Independent/nonprofit
- Government
- Religious
- Other _____
- No Affiliation

I'm interested in ACA membership for: (please check all that apply)

- Advocacy for children and youth
- Educational opportunities
- Information and research
- Networking
- Career enhancement
- Professional affiliation
- Standards and best practices
- Other _____

How did you learn about ACA?

- Web site: ACAcamps.org
- Web site: CampParents.org
- Other ACA member
- ACA Section/local office
- Job fair
- College/university
- Other _____

► Demographic Information Optional

Gender: Female Male Date of Birth _____

Level of Education (check one)

- | | |
|--|--|
| <input type="checkbox"/> High School Graduate | <input type="checkbox"/> Master's Degree |
| <input type="checkbox"/> Some College | <input type="checkbox"/> Doctorate |
| <input type="checkbox"/> Bachelor's Degree | <input type="checkbox"/> MD |
| <input type="checkbox"/> Some Post Graduate Work | <input type="checkbox"/> JD |

Ethnicity/Race*

- | | |
|---|---|
| <input type="checkbox"/> Asian | <input type="checkbox"/> Native American/Alaskan Native |
| <input type="checkbox"/> Black/African-American | <input type="checkbox"/> Pacific Islander/Native Hawaiian |
| <input type="checkbox"/> Hispanic/Latino | <input type="checkbox"/> White/Caucasian |
| <input type="checkbox"/> Multiracial | <input type="checkbox"/> Prefer not to say |

*Choices based on U.S. Census Report

► **Dues**

Individual Membership Dues \$200

Discounts are available if you are a . . .

Visitor \$95 (\$105 discount)

To be eligible, you must be an individual trained and approved by ACA to conduct accreditation visits during the current year.

Volunteer \$95 (\$105 discount)

To be eligible, you must volunteer for a youth-serving program.

Educator \$95 (\$105 discount)

To be eligible, you must work professionally as a faculty/staff member at an academic institution.

Expanded Learning Staff \$95 (\$105 discount)

To be eligible, you must work for a program that provides expanded learning opportunities (e.g., summer learning enrichment, afterschool, out-of-school-time programs).

Retiree \$60 (\$140 discount)

To be eligible, you must be an individual who has been a member in good standing for five years preceding retirement from active employment with an ACA camp OR an individual who has reached retirement age of 65.

Student \$35 (\$165 discount)

To be eligible, you must be a full-time student.

If you are a student, which school do you attend?

► **Elective Dues**

Not-for-Profit Council \$25

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

Religiously Affiliated Camps Council \$35

Open to any ACA member at a religiously affiliated camp.
Offers newsletters, surveys, and networking.

► **Invest in the Future of Youth!**

ACA is the voice for bringing more children, youth, and adults into the camp experience. ACA's work goes beyond what your membership costs. Research and public awareness programs, as well as camperships, are supported by contributions to ACA's Annual Fund. With your help, we can spread the message that camp is an essential part of healthy human development.

Thanks for your tax-deductible contribution!

Suggested Contribution \$50



► **Member Service Options**

You can choose your preferred way of receiving ACA publications by checking the following options. Members with mailing addresses outside of the U.S. who wish to receive print editions will be charged a \$30 postage supplement.

Camping Magazine

ACA's premier resource publication, covering the latest ideas, research, and best practices related to child and youth development, health and safety, and program management, published six times a year

I prefer: Print Edition Online Access Only

The CampLine

Informative newsletter providing knowledge on legal, legislative, and risk management issues, published three times a year

I prefer: Print Edition Online Access Only

► **Remittance**

Membership Dues \$ _____

Elective Dues \$ _____

Postage Supplement (mailing outside the U.S.) \$ 30 _____

Suggested Contribution (tax deductible) \$ 50 _____

Invest in Youth!

TOTAL \$ _____

Full payment is needed to process your application.

Dues are non-refundable.

► **Payment Method**

Check or Money Order Enclosed

VISA MasterCard Discover Expiration Date _____

Acct. No. _____/_____/_____/_____

Signature _____

► **Verification** Please read and sign this section.

By submitting payment, I affirm that:

- The statements made on this application are correct;
- I meet the requirements for any membership discount I have chosen;
- I understand **dues are renewable annually (they cannot be refunded or transferred to another individual or to next year's services); and**
- For tax purposes, ACA fees may be deductible as a business expense, but are not deductible as a charitable contribution, with the exception of contributions to the Annual Fund.

Signature _____
(required to process)

Date _____

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

Thank you for your application! If you are completing a print copy of the application, please mail it with your payment to the address below.

Join Now! Sign up online with VISA, MasterCard, or Discover. www.ACAcamps.org/membership

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