

# 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/<br>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)

- High School Graduate
- Some College
- Bachelor's Degree
- Some Post Graduate Work
- Master's Degree
- Doctorate
- MD
- JD

Ethnicity/Race\*

- Asian
- Black/African-American
- Hispanic/Latino
- Multiracial
- Native American/Alaskan Native
- Pacific Islander/Native Hawaiian
- White/Caucasian
- Prefer not to say

\*Choices based on U.S. Census Report

► **Membership Dues**

**ACA Individual Membership** ..... \$200

Discounts are available if you are a . . .

**ACA Standards 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.

► **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.

► **Contributions — Thank you for your tax-deductible contribution.**

**Send a Child to Camp**

Children are our future. The skills learned and relationships fostered at camp are often life-changing stepping stones on the road to adulthood.

**Suggested Contribution (tax-deductible):** ..... \$100

**ACA's Because of Camp . . . ® Campaign**

ACA's public awareness campaign helps share camp's positive message with millions of families nationwide.

**Suggested Contribution (tax-deductible):** ..... \$50

► **Member Service Options**

You can choose your preferred way of receiving *Camping Magazine* 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.

► **Remittance**

**Membership Dues** ..... \$ \_\_\_\_\_

**Elective Dues** ..... \$ \_\_\_\_\_

**Contributions**

**Send a Child to Camp**

\$100 Suggested Contribution (tax-deductible) ..... \$ \_\_\_\_\_

**Because of Camp . . . ®**

\$50 Suggested Contribution (tax-deductible) ..... \$ \_\_\_\_\_

**ACA Annual Fund**

\$50 Suggested Contribution (tax-deductible) ..... \$ \_\_\_\_\_

**Member Service Options**

\$30 Postage Supplement (mailing addresses outside U.S.) \$ \_\_\_\_\_

**Total** ..... \$ \_\_\_\_\_

Full payment is needed to process your application.  
Dues are nonrefundable.

► **Payment Method**

Check or Money Order Enclosed

VISA  MasterCard  Discover    Expiration Date \_\_\_\_\_

Card No. \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_    CVC\* \_\_\_\_\_

Signature \_\_\_\_\_

\* Card Verification Code — three- or four-digit card security code on back of card.

**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 retired from full-time camp or youth work but still works part time in camp OR are 65 years old.

**Student** ..... \$35 (\$165 discount)

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

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

**Association for Independent Camps** ..... \$75

Open to individuals and for-profit and not-for-profit independent camps who are ACA Accredited. Serves success-oriented professionals to identify emergent issues and develop programs, services, and products, and provide networking to enhance camp business operations.

**ACA Annual Fund**

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, public awareness programs, technology, and government affairs work 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.

**Suggested Contribution (tax-deductible):** ..... \$50

**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.

Print Edition     Online Access Only

► **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 Change-a-Life Today — Send a Child to Camp and the ACA 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](http://www.ACAcamps.org/membership)

**American Camp Association** 5000 State Road 67 North, Martinsville, IN 46151-7902  
765-342-8456 • fax 765-342-2065 • [membership@ACAcamps.org](mailto:membership@ACAcamps.org) • [www.ACAcamps.org](http://www.ACAcamps.org)