

## Primary Contact Transfer Form

*Under the terms of membership, individual benefits are transferable **ONLY for the ACA Primary Contact** of a camp paying accreditation fees or membership dues to ACA.*

**Camp** – Name of camp for which this person will be the primary contact \_\_\_\_\_

**Operator** – Is this person also the primary contact for the operator (will he or she be the point of contact for billing)? **Yes** \_\_\_\_\_ **No** \_\_\_\_\_

### FORMER Primary Contact Information

We request a forwarding address for the former Primary Contact, otherwise mailings will continue to his/her former address.

Former ACA Primary Contact Name \_\_\_\_\_ Member # \_\_\_\_\_

The forwarding address is: Home \_\_\_\_ or Work \_\_\_\_

Forwarding Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

**Will this individual remain with the camp?** **Yes** \_\_\_\_\_ **No** \_\_\_\_\_

**Will the camp continue to pay for this membership?** **Yes** \_\_\_\_\_ **No** \_\_\_\_\_

**MEMBERSHIP NOTE:** *Unpaid membership will lapse.*

**ACCREDITATION NOTE:** *If the new primary contact is the camp's new director, you may need to have an ACA standards visit in the upcoming season. Please contact your standards specialist as soon as possible.*

### NEW Primary Contact Information

Name \_\_\_\_\_ Member # \_\_\_\_\_

Role \_\_\_\_\_

Will this person also be acting as the Primary Contact for the Operator (will he/she be receiving the financial information such as the camp renewal)? **Yes** \_\_\_\_\_ **No** \_\_\_\_\_

The following address is: Home \_\_\_\_ or Work \_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

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

E-mail \_\_\_\_\_

**Timing** – Please allow 48 hours to process.

**Find a Camp** – Remember to update your camp's Find a Camp information.

**Need immediate assistance with your account or access to your tools and benefits? Give us a call!**