

ACA Membership Application Camp/Program

ACAamps.org/membership



Important Information

ACA is excited that you are joining others who are seeking professional development to make your program stronger.

Reminder: Becoming a *camp member* is *not* the same as earning ACA accreditation. If you are interested in accreditation, please contact ACA and we will be happy to provide you with more information and the application for accreditation.

ACA Member Camp Benefits — Includes all individual member benefits plus the following:

- Books, online education, events registrations, industry research, and youth outcomes and camp quality assessment tools
- Access to Accreditation Standards Toolkits
- Group purchasing privileges — Current members are saving an average of \$13,000 annually
- Camp Gives Kids a World of Good logo
- Find a Camp listing (camp section and camps that rent to groups section)
- Year-round and seasonal jobs posting at member rate
- Discounted movie licensing with the Motion Picture Licensing Corporation

Watch for These Things

- **Receipt** — You will receive a receipt via email within 72 hours of ACA processing your application and payment.
- **New Member Packet** — We send a packet via mail within two weeks of processing your payment.

Instructions for Completing the Application

1. Complete the **operator information** section. The “operator” is the organization that is financially responsible for the camp(s). The operator will receive the annual ACA camp renewal notice by email. Be sure to include the “Attention to:” information and the operator’s affiliation. It’s important to keep this information updated, as delivery of the renewal notice to the correct person in your organization is important so the camp membership benefits do not lapse.
2. Complete the **camp information** section for *each* camp location. If necessary, please photocopy this page to provide yourself with enough spaces to enter information for additional camp locations.
3. Complete the **primary contact information** section for *each* camp location. The primary contact is the person ACA will contact regarding all camp matters. Each camp must have a primary contact, but the same person can be the primary contact for more than one camp. A primary contact must be an ACA member.
4. Please indicate if you will be purchasing any additional individual memberships (see Section 4).
5. To calculate your **camp dues**, find your total operating budget (for all camps combined) on the dues chart and identify the corresponding dues. Write the amount on the corresponding line. Also find the number of included memberships on the dues chart and write that number as well.
6. Mark any topics about which you may want **additional information**.
7. Determine what elective dues, if any, you will pay.
8. Determine what **contributions** you would like to make. Remember, although membership dues are not tax deductible, contributions are.
9. **Total** your amount due.
10. Indicate your **payment method**.
11. Please **sign and return** your form with payment.

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ACAamps.org/membership

american **CAMP** association®



For office use only

1. Operator Account Information *(organization/company/entity to which all financial information about the camps will be sent)*

Operator Name _____

Attention (receives annual renewal notice via mail and email) _____

Address _____

City, State, Zip _____

Phone _____ Fax _____

Unique Email (not info@camp.com) _____ Web Address _____

The operator's affiliation can best be described as:

- Independent/For-Profit
- Independent/Nonprofit
- Government
- College or University
- Religious _____
- Agency _____
- 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? _____

This application is for member camps. A camp seeking accreditation in the next summer should be using the accreditation application.

More about accreditation at ACAamps.org/accreditation

Camp Name _____

Camp Mailing Address _____

City, State, Zip _____

Camp Physical Location _____

City, State, Zip _____ (No P.O. Box)

Phone _____

Camp Business Email _____

Camp Web Address _____

Campers Served (check all that apply)

- Boys Only
- Adults
- Girls Only
- Families
- Coed
- Special Populations

Camp Type (check all that apply)

- Day
- Serves Rental Groups
- Resident
- Short-term

Primary Operating Season of Camp

- Summer
- Year-round
- Other _____

Nature of Property Ownership

- Camp Owned
- K-12 School Campus
- College/University Campus
- Leased/Rented from Private Entity
- Public Park Land (city, state, federal)
- Other _____

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

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

Name _____

Job Title _____

Mailing Address _____

City, State, Zip _____

Personal / Direct Email _____

Work Phone _____

Cell _____

Home Phone _____

Other / Personal Phone _____

Demographics *(of this individual)*

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
- Nonbinary
- Prefer not to say

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 US Census Report)*

- Asian
- Black or African American
- Hispanic or Latino
- Multiracial
- Native American/Alaskan Native
- Pacific Islander/Native Hawaiian
- White or Caucasian
- Other _____
- Prefer Not to Say

When applying for multiple camps, copy this page and complete sections 2 and 3.

4. Included and Additional Individual Members (in addition to the Primary Contact)

If your dues category provides you with more than one included individual member, or if you would like to purchase additional individual memberships, provide that information here. If you need more space, copy this page.

Person 1 _____
 Job Title _____
 Mailing Address _____
 City, State, Zip _____
 Work Phone _____
 Cell Phone _____
 Personal / Direct Email _____
 Which camp is this person connected to? _____
 Choose one:
 Included in Camp Dues — no additional charge
 ACA Individual Member \$150 (\$50 discount)
 ACA Standards Visitor \$95 (\$105 discount)
 Student \$35 (\$165 discount)
 Retiree \$60 (\$140 discount)
 Volunteer for my organization \$95 (\$105 discount)
 Educator \$95 (\$105 discount)
Dues for this individual member..... \$ _____
 I live outside the U.S. I will pay \$30 additional to have
 Camping Magazine mailed to me. \$ _____

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
 Nonbinary
 Prefer not to say
Date of Birth _____
Highest Education Level (check one)
 High School Graduate
 Some College
 Bachelor's
 Some Post Graduate Work
 Master's
 Doctorate
 MD
 JD
 Other _____
Race/Ethnicity (Choices based on US Census Report)
 Asian
 Black or African American
 Hispanic or Latino
 Multiracial
 Native American/Alaskan Native
 Pacific Islander/Native Hawaiian
 White or Caucasian
 Other _____
 Prefer Not to Say

Person 2 _____
 Job Title _____
 Mailing Address _____
 City, State, Zip _____
 Work Phone _____
 Cell Phone _____
 Personal / Direct Email _____
 Which camp is this person connected to? _____
 Choose one:
 Included in Camp Dues — no additional charge
 ACA Individual Member \$150 (\$50 discount)
 ACA Standards Visitor \$95 (\$105 discount) Student
 \$35 (\$165 discount)
 Retiree \$60 (\$140 discount)
 Volunteer for my organization \$95 (\$105 discount)
 Educator \$95 (\$105 discount)
Dues for this individual member..... \$ _____
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 Female
 Male
 Nonbinary
 Prefer not to say
Date of Birth _____
Highest Education Level (check one)
 High School Graduate
 Some College
 Bachelor's
 Some Post Graduate Work
 Master's
 Doctorate
 MD
 JD
 Other _____
Race/Ethnicity (Choices based on US Census Report)
 Asian
 Black or African American
 Hispanic or Latino
 Multiracial
 Native American/Alaskan Native
 Pacific Islander/Native Hawaiian
 White or Caucasian
 Other _____
 Prefer Not to Say

5. Member Dues Table for Camps

Operating Income/Expense Scale	Number of Included Individuals*	Number of Included Camps**	Dues Rate for the Operator
\$0 - \$500,000	1	1	\$385
\$500,001 - \$1,000,000	2	2	\$550
\$1,000,001 - \$2,000,000	3	3	\$825
\$2,000,001 - \$5,000,000	4	4	\$1,325
\$5,000,001 - \$10,000,000	5	5	\$1,925
\$10,000,001 - \$15,000,000	6	6	\$2,475
\$15,000,001 - \$20,000,000	7	7	\$3,025
\$20,000,001 - \$25,000,000	8	8	\$3,575
\$25,000,000+	10	10	Please Call

Choose the operating budget that represents the greater of your camp's gross operating income OR its gross operating expense. Then circle the related dues and number of included individuals and camps. You may add additional camps below. For additional individuals see Section 4.

Member Dues from Table \$ _____
 If you have additional camps over the number listed in the "Number of Included Camp" row, add \$50 for each camp over the included number..... \$ _____
 Fee(s) for Additional Individuals (from Section 4).... \$ _____
 Subtotal..... \$ _____

*Maximum number of included individuals for that budget size. If you have more individuals, you can add them in section 4

**Maximum number of camps for that budget range. If you have more camps, add \$50 each.

6. I'd Like More Information Please

- Accreditation Process Workshops – Free
- Outcomes and Evaluation Tools
- Online Education & Staff Training
- In-Person Events
- Certificate Courses
- Group Purchasing / Savings
- Volunteering for ACA
- Other _____

7. Elective Dues

Camps on Campus Dues
Open to ACA members with a college or university affiliation or interest. Offers networking opportunities and helps support a kindred meeting at ACA National Conference.
Number of Individuals Covered _____ X \$40 = _____
Names: _____

Not-for-Profit Dues
Open to ACA members with a nonprofit affiliation or interest. Offers networking opportunities and helps support a kindred meeting at the ACA National Conference.
Number of Individuals Covered _____ X \$40 = _____
Names: _____

Faith-Based Camp Dues
Open to ACA members with a religious affiliation or interest. Offers networking opportunities and helps support a kindred meeting at ACA National Conference.
Number of Individuals Covered _____ X \$40 = _____
Names: _____

Medical and Disability Camps Kindred Dues
Open to ACA members who serve campers with special needs. Offers networking opportunities and a kindred meeting at ACA National Conference.
Number of Individuals Covered _____ X \$40 = _____
Names: _____

Total elective dues \$ _____

8. Contributions *Thank you for your tax-deductible gift!*

ACA Annual Fund
Your contribution makes a difference. Through your support, we are able to be the voice of camps across the US, educating, advocating and helping to shape public policy that supports camps and all who they serve. *(Typical gifts range from \$100-\$1000.)*

Donate to ACA Your Gift \$ _____

9. Payment

Camp Dues (from Section 5)
Additional Individual Members (total from Section 4) ...
Elective Dues (total from Section 7)
Contributions (total from Section 8).....
TOTAL _____

10. Payment Method

Check — Mail form and check to address below.
Credit Card — Please choose a secure method:
— Mail or fax form with credit card number.
— Email form and call with credit card number. Please do not email a credit card number.
— Call us directly at 800-428-2267 with a credit card to process over the phone.

- Check or Money Order VISA MasterCard Discover AmEx

Account No. _____ / _____ / _____ / _____

Exp. Date _____ CVV No. _____

Signature _____

11. Verification

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

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

Printed Name _____

Title _____

Date _____

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 payment:

US Mail
American Camp Association
5000 State Road 67 North
Martinsville, IN 46151-7902

FAX
765.342.2065