ACA Membership Application
Camp/Program
ACAcamps.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 Resources by Section of Standards
- 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 2 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.
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  ☐ Religious
☐ Independent/Nonprofit  ☐ Agency
☐ Government  ☐ Other
☐ College or University
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, and a camp seeking accreditation in the next summer should be using the accreditation application.
More about accreditation at ACAcamps.org/accreditation
Camp Name __________________________
Camp Mailing Address __________________________
City, State, Zip __________________________ Phone ____________________________________________________________
Camp Physical Location ___________________________________________
City, State, Zip __________________________ (No P.O. Box)
Camp Web Address __________________________________________
Camp Business Email __________________________________________
Campers Served (check all that apply):
☐ Boys Only  ☐ Girls Only  ☐ Coed
☐ Adults  ☐ Families  ☐ Special Populations
Camp Type (check all that apply):
☐ Day  ☐ Resident
☐ Serves Rental Groups  ☐ Short-term
Primary Operating Season of Camp:
☐ Summer  ☐ Year-round  ☐ Other
Nature of Property Ownership:
☐ Camp Owned  ☐ Leased/Rented from Private Entity
☐ K-12 School Campus  ☐ Public Park Land (city, state, federal)
☐ College/University Campus  ☐ Other
When applying for multiple camps, copy this page and complete sections 2 and 3.

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 (check one):
☐ Female  ☐ High School Graduate
☐ Male  ☐ Some College
☐ Nonbinary  ☐ Bachelor’s
☐ Prefer not to say  ☐ Some Post Graduate Work
☐ Other __________________________
Date of Birth __________________________
Race/Ethnicity (Choices based on U.S. Census Report)
☐ Asian  ☐ Native American/Alaskan
☐ Black or African American  ☐ Native Hawaiian
☐ Hispanic or Latino  ☐ Pacific Islander/Native Hawaiian
☐ Multiracial  ☐ Other __________________________
☐ Prefer Not to Say  ☐ Other __________________________
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 (check one)

☐ 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

☐ Prefer Not to Say

Race/Ethnicity (Choices based on U.S. Census Report)

☐ Asian

☐ Black or African American

☐ Hispanic or Latino

☐ Multiracial

☐ Native American/Alaskan

☐ Pacific Islander/Native Hawaiian

☐ Other

☐ Prefer Not to Say

5. Member Dues Table for Camps

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.

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

* 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.

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....................................................... $ 

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Membership-Camps

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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
☐ Print on Demand Promotional Materials
☐ Fundraising through Camp Moves Me
☐ Other ____________________________

7. Elective Dues
☐ Camps on Campus Dues
  Open to ACA members with a college or university affiliation or interest. Offers networking opportunities and a kindred meeting at ACA National Conference.
  Number of Individuals Paid _____ X $40 = _______
  Names: ____________________________

☐ Not-for-Profit Dues
  Open to ACA members with a nonprofit affiliation or interest. Offers networking opportunities and a kindred meeting at ACA National Conference.
  Number of Individuals Paid _____ X $40 = _______
  Names: ____________________________

☐ Faith-based Camp Dues
  Open to ACA members with a religious affiliation or interest. Offers networking opportunities and a kindred meeting at ACA National Conference.
  Number of Individuals Paid _____ X $40 = _______
  Names: ____________________________

Total elective dues .................................................... $____

8. Contributions Thank you for your tax deductible contribution!
☐ ACA Annual Fund
  Suggested contribution: $250 ...........................................
  Your contribution makes a difference in the camp world. With your important support, we spread the message that camp is an essential part of healthy human development. Your donation supports public policy work, public awareness initiatives, research, technology advances, and program development.

Total contributions .......................................................... ___

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.
  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.

_____________________________ of the operator (required to process):
Signature

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