

ACA-Accredited Camp Application

www.ACAcamps.org/membership

american **CAMP** association®



For office use only

For detailed instructions, see Section 13 on Page 4.

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) _____
 Address _____
 City, State, Zip _____
 Phone _____ Fax _____
 E-mail _____ 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? _____
 More about accreditation at www.ACAcamps.org/accreditation/hnolearn.php
 Camp Name _____
 Camp Mailing Address _____
 City, State, Zip _____
 Camp Physical Location (if different) _____
 City, State, Zip _____ (No P.O. Box)
 Phone _____
 Fax _____
 Camp Business E-mail _____
 Camp Web Address _____

Camp Types (check all that apply)

Day Rental to Groups
 Resident Short-term/Weekend

Camp Primary Operating Season Summer Nonsummer

Has this camp been registered with ACA before? Yes No

If yes, former camp name _____

3. Primary Contact (receives all ACA communication, including accreditation and product information; must be an ACA member)

At least one ACA individual membership is included in the camp fee.
 Name _____
 Job Title _____
 Mailing Address _____
 City, State, Zip _____
 Personal/Direct E-mail _____
 Work Phone _____
 Cell Phone _____
 Other/Personal Phone _____

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	Highest Education Level (check one)	
<input type="checkbox"/> Female	<input type="checkbox"/> High School Graduate	<input type="checkbox"/> Master's
<input type="checkbox"/> Male	<input type="checkbox"/> Some College	<input type="checkbox"/> Doctorate
<input type="checkbox"/> Gender nonconforming	<input type="checkbox"/> Bachelor's	<input type="checkbox"/> MD
<input type="checkbox"/> Prefer not to say	<input type="checkbox"/> Some Post Graduate Work	<input type="checkbox"/> JD
Date of Birth _____	<input type="checkbox"/> Other	_____

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

<input type="checkbox"/> Asian	<input type="checkbox"/> Native American/Alaskan Native	<input type="checkbox"/> White
<input type="checkbox"/> Black or African American	<input type="checkbox"/> Pacific Islander/Native Hawaiian	<input type="checkbox"/> Other _____
<input type="checkbox"/> Hispanic or Latino		<input type="checkbox"/> Prefer Not to Say
<input type="checkbox"/> Multiracial		

Application Deadline: March 1, 2016 is the deadline to apply for a summer 2016 accreditation visit. Applications and fees must be received by this date. For nonsummer programs, the application deadline is a minimum of three months prior to the date you hope to schedule your visit.

When applying for multiple camps, copy this page as necessary and complete section 2 only.

4. Camp Budget Worksheet

Please complete the table below. Include information about each of the camps for which you are applying.

- Input the dollar amount that represents the greater of each camp's gross operating income OR gross operating expenses for the current fiscal year.
- Add the individual camp operating budgets. This is your total.

Camp Name	Operating Budget
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____
7. _____	_____
8. _____	_____
9. _____	_____
10. _____	_____
TOTAL	_____

If you have more than 10 camps, please photocopy this sheet and list the other camps there.

5.a. Calculate Your Base Fee

My fee (see fee chart on the right) _____

NOTE: All camp fees related to this operator's application must be paid at the same time. If your camps will be mailing separate checks, their budgets cannot be combined on this application; each camp will need a separate application.

5.b. Additional Camps Fee

The base fee includes services for up to **four** camps. If there are more than four camps in your group, add \$100 for each additional camp.

Number of camps beyond four _____ X \$100 = _____

5.c. Included Members

My camp fee includes _____ individual members (see chart to the right). The primary contact for each location must be a member. In most cases, the primary contact is an included member. Please use Section 6 if you wish to purchase additional individual memberships for your staff or board. See individual member rates for additional members on the following pages.

Camp Fee Table (includes up to four camps)

New York and New Jersey
7/1/15 – 6/30/16

Total Operating Income/Expense	Included Individual Members	Operator Fee
\$00 – \$25,000	1	\$592.00
\$25,001 – \$50,000	1	\$621.00
\$50,001 – \$100,000	1	\$765.00
\$100,001 – \$200,000	1	\$959.00
\$200,001 – \$300,000	1	\$1,079.00
\$300,001 – \$400,000	1	\$1,265.00
\$400,001 – \$500,000	1	\$1,377.00
\$500,001 – \$600,000	2	\$1,846.00
\$600,001 – \$700,000	2	\$2,060.00
\$700,001 – \$800,000	2	\$2,122.00
\$800,001 – \$900,000	2	\$2,266.00
\$900,001 – \$1,000,000	2	\$2,561.00
\$1,000,001 – \$1,500,000	3	\$2,972.00
\$1,500,001 – \$2,000,000	3	\$3,062.00
\$2,000,001 – \$3,000,000	4	\$3,155.00
\$3,000,001 – \$4,000,000	5	\$3,605.00
\$4,000,001 – \$6,000,000	6	\$4,263.00
\$6,000,001 – \$8,000,000	7	\$6,001.00
\$8,000,001 – \$10,000,000	8	\$7,668.00
\$10,000,001 – \$12,000,000	9	\$8,821.00
\$12,000,001 – \$14,000,000	10	\$9,972.00
\$14,000,001 – \$16,000,000	11	\$11,638.00
\$16,000,001 – \$18,000,000	12	\$12,790.00
\$18,000,001 – \$20,000,000	13	\$13,942.00
\$20,000,001 + Please call the National Office for these rates.		

6. Included and Additional Individual Members (aside from Primary Contact)

If your fee category provides you with more than one included individual, 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 E-mail _____
 Which camp is this person connected to? _____
 Choose one:
 Included in Camp Fee — 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)
 Expanded Learning Staff \$95 (\$105 discount)
Total dues for this individual member..... \$ _____

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<input type="checkbox"/> Male	<input type="checkbox"/> Some College	<input type="checkbox"/> Doctorate
<input type="checkbox"/> Gender nonconforming	<input type="checkbox"/> Bachelor's	<input type="checkbox"/> MD
<input type="checkbox"/> Prefer not to say	<input type="checkbox"/> Some Post Graduate Work	<input type="checkbox"/> JD
Date of Birth _____	<input type="checkbox"/> Other _____	

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

<input type="checkbox"/> Asian	<input type="checkbox"/> Native American/Alaskan Native	<input type="checkbox"/> White
<input type="checkbox"/> Black or African American	<input type="checkbox"/> Pacific Islander/Native Hawaiian	<input type="checkbox"/> Other _____
<input type="checkbox"/> Hispanic or Latino		<input type="checkbox"/> Prefer Not to Say
<input type="checkbox"/> Multiracial		

Person 2 _____
 Job Title _____
 Mailing Address _____
 City, State, Zip _____
 Work Phone _____
 Cell Phone _____
 Personal / Direct E-mail _____
 Which camp is this person connected to? _____
 Choose one:
 Included in Camp Fee — 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)
 Expanded Learning Staff \$95 (\$105 discount)
Total dues for this individual member..... \$ _____

Demographics
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<input type="checkbox"/> Multiracial		

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 (from Sections 3 and 6) _____ X \$40 = _____
 Names: _____

Not-for-Profit Dues
 Open to ACA members with a nonprofit affiliation or interest. Offers web page and kindred meeting at the ACA National Conference.
 Number of Individuals (from Sections 3 and 6) _____ X \$40 = _____
 Names: _____

Religiously Affiliated 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 (from Sections 3 and 6) _____ 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. Fees Summary (Bring the dollar amounts forward from Sections 5, 6, 7, and 8.)

Your Base Fee (from Section 5.a.)..... _____
 How Many Included Members This Fee Provides..... _____
 Additional Camp Fee (total from Section 5.b.) _____
 Additional Individual Dues (total from Section 6)..... _____
 Elective Dues (total from Section 7) _____
 Contributions (total from Section 8)..... _____
TOTAL

10. Payment Method

For security purposes, if you are e-mailing this form, please leave this section blank and call the Membership Team at 765-342-8456 with your credit card information.

Check or Money Order VISA MasterCard Discover AmEx

Account No. _____ / _____ / _____ / _____

Exp. Date _____ CVV No.* _____

Signature _____

*3-digit card verification number on back of card. For AmEx, this is 4-digits.

11. Verification

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

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

Date _____

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

12. Compliance

I hereby confirm that the camps/programs listed in this application are operating under the applicable federal, state, and local laws, codes and regulations, and that all required permits and licenses have been obtained. The compliance with legal requirements of the jurisdictions within which a camp/program is located is the responsibility of the camp.

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

Date _____

Printed Name _____

Title _____

13. Instructions

1. Complete the **operator information** section. This is the organization that is financially responsible for the camps. Be sure to include the operator's affiliation. The operator will be sent all financial information about the camps, such as the annual ACA camp renewal notice. Be sure to include the "Attention to:" information with the Operator Information. It's important to keep this updated, as delivery of the renewal notice to the correct person in your organization is important so the camp affiliation or accreditation does not lapse.
2. Complete the **camp information** section for each camp location. 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 must be an ACA member. The primary contact is the person ACA will contact regarding all camp matters. Each camp must have a primary contact identified (the same person can be the primary contact for more than one camp). At least one individual membership is included in the camp fee. Please indicate if the primary contact is the included member (see Section 6) or if you will be purchasing an additional membership for this contact person (see Section 6).
4. Indicate the **operating budgets** for each camp listed in Section 2 in the space provided. Combine the camp operating budgets. You will use this total of all camp budgets to calculate your camp fee in the next step.
5. Calculate your **camp fee** by finding your total operating budget on the fee chart and identifying the corresponding fee. Write your fee here. Also find the number of included memberships on the fee chart and write that number here.
6. Complete the information for each **additional individual** membership you would like to purchase.
7. Determine what **elective dues** if any you will be paying.
8. Determine what **contributions** you would like to make. Remember, although membership dues are not tax deductible, contributions are.
9. **Total** your fees.
10. Indicate your **payment method**.
11. Please **sign and return** your form with payment.
12. Please **read and sign** the compliance statement.

Please return completed application and fees:

US Mail

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

FAX

765.342.2065

Scan and Email

membership@ACAcamps.org
(Call with credit card information, as noted in Section 10)