

Individual Membership Application

american **CAMP** association®
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 _____

City _____ State/Province _____

Zip/Postal Code _____ Country _____

Which is your preferred mailing address? Home Organization

Primary Email _____ Work Phone _____ Ext. _____

Secondary Email _____ Cell Phone _____

► Organization

Camp School Business Organization

Organization Name _____

Job Title _____

Street Address _____

City _____ State/Province _____

Zip/Postal Code _____ Country _____

Organizational Affiliation

If you are affiliated with an organization, please indicate which type.

Agency Independent/for-profit

Government Independent/nonprofit

Religious No Affiliation

Other _____

► Demographic Information

Gender: Female Male Nonbinary Prefer not to say

Date of Birth _____

Level of Education (check one)

High School Graduate Master's Degree

Some College Doctorate

Bachelor's Degree MD

Some Post Graduate Work JD

Ethnicity/Race*

Asian Native American/Alaskan Native

Black/African-American Pacific Islander/Native Hawaiian

Hispanic/Latino White/Caucasian

Multiracial Prefer not to say

*Choices based on US Census Report

► **Dues**

Individual Membership Dues \$210

Discounts are available if you are a . . .

Visitor \$100 (\$110 discount)

To be eligible, you must be an individual trained and approved by ACA to conduct accreditation visits during the current year.

Volunteer \$100 (\$11 discount)

To be eligible, you must volunteer for a youth-serving program.

Educator \$100 (\$110 discount)

To be eligible, you must work professionally as a faculty/staff member at an academic institution.

► **Elective Dues**

Not-for-Profit Dues \$40

Open to ACA members with a nonprofit affiliation or interest. Offers networking opportunities and helps support a kindred meeting at the ACA National Conference.

Faith-Based Camp Dues \$40

Open to ACA members with a religious affiliation or interest. Offers networking opportunities and helps support a kindred meeting at the ACA National Conference.

Camps on Campus Dues \$40

Open to ACA members with a college or university affiliation or interest. Offers networking opportunities and helps support a kindred meeting at the ACA National Conference.

Medical and Disability Camps Kindred Dues \$40

Open to ACA members who serve campers with special needs. Offers networking opportunities and helps support a kindred meeting at ACA National Conference.

Number of Individuals Covered _____ x \$40 = _____

Names: _____

► **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 US who wish to receive print editions will be charged a \$30 postage supplement.

► **Remittance**

Membership Dues \$ _____

Elective Dues \$ _____

Contributions — ACA Annual Fund \$ _____

Member Service Options

\$30 Postage Supplement (mailing addresses outside US) \$ _____

Total \$ _____

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

► **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 Enclosed

VISA MasterCard Discover AmEx Expiration Date _____

Card No. _____ / _____ / _____ / _____ CVC*

Signature _____

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

Retiree \$60 (\$150 discount)

To be eligible, you must be an individual who has been a member in good standing for five years preceding retirement from active employment with an ACA camp OR an individual who has reached retirement age of 65.

Student \$35 (\$175 discount)

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

If you are a student, which school do you attend? _____

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

Annual Giving Campaign

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 \$ _____

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 the 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.

American Camp Association
5000 State Road 67 North
Martinsville, IN 46151-7903

Join Now! Sign up online with VISA, MasterCard, Discover, or AmEx. ACAcamp.org/membership