

ACA-Accredited Camp Application

ACAamps.org/membership

american **CAMP** association®



Important Deadlines — To receive a visit in the upcoming summer, a camp must do the following.

1. **Fall** — Submit an application and fees as early as possible. We suggest no later than September or October. If you submit your application after February 1, your camp will not receive a visit that summer.
2. **Fall/Winter** — Complete an Accreditation Process Workshop as soon as possible. If you haven't taken a course by March 31, your camp will not receive a visit that summer.
3. **Fall/Winter** — Prepare materials and written documentation required by the standards; review and evaluate each area of camp operation, using the guidelines noted in the standards.
4. **Fall/Winter** — Take advantage of all preparation resources, including the Accreditation Academy, to support your work in preparing materials.
5. **Spring** — By mid-to-late March, you'll have your visitor assignment.
6. **Spring** — Submit written documentation required for Written Documentation Review prior to May 1.
7. **Summer** — Participate in the peer-review process (i.e., the "visit").
8. **Fall** — In early November, you'll receive notification of your accreditation.

Reminders

1. Camp fees are *not* refundable.
2. ACA's Accreditation Program is not intended to circumvent licensure (e.g., for daycare centers, preschools, fitness facilities).
3. Compliance with local, state, and federal regulations is the responsibility of the camp.

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. Indicate the **operating budgets** for each camp (listed in section 2) in the space provide in section 4. Combine the camp operating budgets. You will use this total to calculate your camp fee in the next step.
5. To **calculate your camp fee**, find your total operating budget (from the previous step) on the fee table and identify the corresponding fee. Circle the fee. Circle the number of included individuals you'll receive (middle column). Write your base fee in section 5.a. Write the number of included individuals you receive in section 5.c. Lastly, if you have more than 4 camps, fill in section 5.b.
6. Provide information about the **included and additional individual members** for your camp(s).
7. Select the **elective dues**, if any, you will pay.
8. Mark any topics about which you may want **additional information**.
9. Determine what **contributions** you would like to make. Membership dues are not tax-deductible; contributions are.
10. **Total your fees.**
11. Indicate your **payment method**.
12. Please **sign and return** your form with payment.
13. Please **read and sign the compliance statement**.

Note: An online application is available at ACAamps.org/membership/camps.

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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) _____

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? _____

More about accreditation at ACAamps.org/accreditation

Camp Name _____

Camp Mailing Address _____

City, State, Zip _____

Camp Physical Location _____
(No P.O. Box)

City, State, Zip _____

Phone _____

Camp Business Email _____

Camp Web Address _____

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

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 Email _____

Work Phone _____

Cell 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

Date of Birth _____

Highest Education Level *(check one)*

- High School Graduate Master's
 Some College Doctorate
 Bachelor's MD
 Some Post Graduate Work JD

Other _____

Race/Ethnicity *(Choices based on US Census Report)*

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

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

4. Camp Budget Worksheet

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

- Record the dollar amount that represents the greater of each camp's gross operating income OR gross operating expenses for the most recent 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 or include a spreadsheet.

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, 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 Individual 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)

Illinois
7/1/2021 – 6/30/2022

	Total Operating Income/Expense	Included Individual Members	Operator Fee
A	\$00 – \$25,000	1	640
B	\$25,001 – \$50,000	1	766
C	\$50,001 – \$100,000	1	957
D	\$100,001 – \$200,000	1	1,310
E	\$200,001 – \$300,000	1	1,864
F	\$300,001 – \$400,000	1	1,944
G	\$400,001 – \$500,000	1	2,056
H	\$500,001 – \$600,000	2	2,324
I	\$600,001 – \$700,000	2	2,435
J	\$700,001 – \$800,000	2	2,546
K	\$800,001 – \$900,000	2	2,690
L	\$900,001 – \$1,000,000	2	2,829
M	\$1,000,001 – \$1,500,000	3	3,051
N	\$1,500,001 – \$2,000,000	3	3,190
O	\$2,000,001 – \$3,000,000	4	3,382
P	\$3,000,001 – \$4,000,000	5	3,574
Q	\$4,000,001 – \$6,000,000	6	3,765
R	\$6,000,001 – \$8,000,000	7	3,957
S	\$8,000,001 – \$10,000,000	8	4,208
T	\$10,000,001 – \$12,000,000	9	4,469
U	\$12,000,001 – \$14,000,000	10	4,722
V	\$14,000,001 – \$16,000,000	11	4,976
W	\$16,000,001 – \$18,000,000	12	5,233
X	\$18,000,001 – \$20,000,000	13	5,489
	\$20,000,001 + Please call ACA 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 Email _____
 Which camp is this person connected to? _____

- Choose one:
- Included in Camp Fee — no additional charge
 - ACA Individual Member \$150 (\$50 discount)
 - ACA Accreditation Visitor \$95 (\$105 discount)
 - Student \$35 (\$165 discount)
 - Retiree \$60 (\$140 discount)
 - Volunteer for my organization \$95 (\$105 discount)
 - Educator \$95 (\$105 discount)

Total dues for this individual member..... \$ _____

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"/> Nonbinary	<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 US Census Report)

<input type="checkbox"/> Asian	<input type="checkbox"/> Native American/Alaskan Native	<input type="checkbox"/> White or Caucasian
<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 Email _____
 Which camp is this person connected to? _____

- Choose one:
- Included in Camp Fee — no additional charge
 - ACA Individual Member \$150 (\$50 discount)
 - ACA Accreditation Visitor \$95 (\$105 discount)
 - Student \$35 (\$165 discount)
 - Retiree \$60 (\$140 discount)
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<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> Prefer Not to Say	
<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 helps support 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 helps support kindred meeting at the 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 helps support a kindred meeting at ACA National Conference.
 Number of Individuals Paid _____ X \$40 = _____
 Names: _____

Medical and Disability Camps Kindred Dues
 Open to ACA members who serve campers with special medical needs or disabilities. Offers networking opportunities and helps support 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 ACAYour Gift \$ _____

9. I'd Like More Information Please

Please _____ call me _____ email me.

- My Accreditation Online Tool
- Youth Outcomes Tools and Evaluation Resources
- Online Education & Staff Training
- In-Person Events
- Certificate Courses
- Volunteering for ACA
- Group Purchasing / Savings
- Other _____

10. 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
(from Section 5.c)..... _____
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

11. 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 _____

12. 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 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.

13. 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
- 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 _____

Please return completed application and fees:

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

FAX
765.342.2065

The day after we process your application, we will send a receipt via email to the Operator email address.