

# ASSOCIATION OF INDEPENDENT CAMPS

## AIC Camp Membership Application Form

All AIC camps (except international camps) must be Accredited by ACA.

You may also apply online at [www.AICcamps.org](http://www.AICcamps.org).



### Membership Cost: \$125.00

Camp/Business Name: \_\_\_\_\_

ACA Camp #: \_\_\_\_\_

Gender(Boy, Girl, Coed): \_\_\_\_\_ Type(Day, Resident, Combined): \_\_\_\_\_

### Winter Address:

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Province: \_\_\_\_\_ Country: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_ Web site: \_\_\_\_\_

### Summer Address (if different):

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

### 1st Representative (included):

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

ACA Member #: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

### 2nd Representative (included):

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

ACA Member #: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

### Additional Staff: \$25.00 each.

If you wish to add additional staff, please send their information on a separate sheet and add the appropriate amount to your total payment.

Payment Method:  Visa  MasterCard  Discover  Check # \_\_\_\_\_

CC # \_\_\_\_\_ Exp. Date \_\_\_\_ / \_\_\_\_

Name on Credit Card \_\_\_\_\_

Signature \_\_\_\_\_

# BECOME AN AIC CAMP TODAY

*We hope you will join AIC (membership details are enclosed).*

**THE ASSOCIATION OF INDEPENDENT CAMPS** serves success oriented camp professionals who together identify emergent issues and develop programs, services, and products to enhance camp business operations.

ASSOCIATION OF  
INDEPENDENT CAMPS



5000 State Road 67 North  
Martinsville, IN 46151-7902