

ASSOCIATION OF INDEPENDENT CAMPS

AIC International Camp Membership Application Form

You may also apply online at www.AICcamps.org.



Membership Cost: \$125.00 US Dollars

Camp/Business Name: _____

ACA Member or Camp # (if applicable): _____

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: _____

Province: _____ Country: _____

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 US 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 INTERNATIONAL 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