



Guest Affiliate Application

The intent of Guest Affiliation is to encourage independent camps to become involved with a professional organization which encourages high standards in organized camps. Guest Affiliation is available to camps and their directors seeking WAIC Member Camp status and not currently eligible for other membership in the Association.

Guest Affiliates are invited to attend section meetings and the annual conference, share knowledge, experience, and ideas with all WAIC members, and be heard on matters affecting the Association. Guest Affiliates are eligible to apply for WAIC Member Camp status after completing the procedures and prerequisites for membership.

Full Camp Name

Designated Director(s)

Winter Address City/State/Zip

Phone Toll-free Fax

Summer Address City/State/Zip

Phone Toll-free Fax

Email Webpage

Camp Owned by: Site Owned Site Leased

Resident Camp/Day Camp/Travel Camp/Other (list):

Business Established as Corporation Partnership Individual Proprietorship Other

Is Camp Currently ACA Accredited? Yes No Date of last ACA Visit:

If not, is camp currently going through the process of ACA Accreditation?
 Yes No

Is site ACA approved? Yes No Date of last Site Visit:

Current ACA dues have been paid? Yes No or will be paid in the month of:

Is there a minimum of ten campers in the camp at one time? Yes No

ACA Membership Section:

Designated Director Home Address

City/State/Zip

Phone Fax Email

Signature

Please complete and submit the Guest Affiliate Application AND the Designated Director Application.

WAIC Designated Director Application

Please complete the following information as it pertains to the designated director of the camp. If more than one designated director would like to be listed, please submit additional designated director applications.

Director Name

ACA Member Number _____ Year Joined _____

ACA Section of Membership _____

Are you at least 25 years of age? Yes No

Camp Administrative Experience in an ACA Camp:

Camp	Position	Years of Service
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ACA National or Regional Conferences Attended (dates) _____

WAIC Conferences Attended (dates) _____

Section Meetings Attended (dates) _____

List Continuing Educational Programs you have attended in the past two years:

Do you endorse and will you integrate the ACA and WAIC Code of Ethics into all aspects of camp operation? Yes No If no, please explain:

Are there any outstanding/unresolved ACA complaints against you or your camp? Yes No

If yes, please explain:

**If you have any questions, please contact WAIC Association Manager, Chelsea Rowe,
at membership@waic.org or 949-407-9242.**

**Please return both pages of application and current brochure(s) to the WAIC Office:
PO Box 854, Trabuco Canyon, CA 92678**