



Membership Application

COCA Membership Criteria:

COCA By-Laws state the following are eligible to become a member of COCA: *an organization owning or operating a camp or related program for children with cancer (and/or their families).*

COCA Membership Policy:

Membership

- Dues- Payment is submitted via credit card or check. All checks are made payable to the Children's Oncology Camping Association, International and are mailed to 1 Canal St, Unit 1214, Boston, MA 02114. For new members, please email a copy of the Membership Application to jennifer.amundsen@cocai.org.
- Payment & Deadlines- Recurring members will be emailed an invoice via PayPal at the end of each year (December) and due January 31st the following year. New member may also receive an invoice via email. Upon application approval, new members will be sent an invoice via email. A member in good standing should pay no later than March 1st, in order to have access to all the benefits of membership. If there are new members who wish to join mid-year (Sept. 1) dues will be pro-rated, (based on tier payment) for the following 4 months of the year with the understanding this new member will be invoiced in December for full membership dues to be paid by January 1st the following year.
- Affiliates- Camps with Affiliates/multiple locations pay \$100 each in addition to the Camps Membership Fee because these Camps are eligible for grants through their COCA membership.
- Benefits-
 1. Professional Education:
 1. Access to year round professional education through webinars and virtual town halls. This professional education assists members in planning, developing programs and staying up on the most up to date medical facts and information within pediatric oncology.
 2. By attending the annual conference, members have access to at least 50 hours of education within the following tracks:
 - i. Leadership/Operations
 - ii. Child Development
 - iii. Staff Development
 - iv. Programs
 - v. Fundraising
 - vi. Medical Continuing Education (CEU credits)
 - vii. COCAcademy-two days of immersive education on a particular topic and with a specific group of professional speakers
 2. Gold Ribbon Accreditation Program- COCA has written best practices for pediatric oncology Camp programs and has an opportunity for their Camp to become Accredited within COCA.

3. Access to Resources & Grants- COCA members have access to learn more and partner with like-minded organizations who seek to work with and support programs for kids with cancer.
4. Networking & Community- COCA has developed a community of support within the member camps to learn from, hear what other Camps are able to accomplish, challenges and opportunities they have.

2023 COCA Member Benefits:

1. \$24,300 from COCA Partner, Northwestern Mutual for Best of COCA Awards:
 - Camp Spirit Awards for each Region (7 Regions) \$1,500.00 each
 - One Spirit of COCA Award (\$5,000.00)
 - \$800 Per Camp-For each Best of COCA Award (total 11 awards)
2. Access to Care Camps Grants. Care Camps is COCA's largest Partner.
3. Gold Ribbon "Best Practices" Accreditation Program, supported by COCA Partner, Care Camps
4. Outside the Box-Over 15 virtual education sessions + access to past years' video series
 - a. Staff Training Summit- 3 hours with Professor Dave Malter, Gratz College, supported by COCA Partner, Care Camps
5. 2023 COCAcon:
 - a. 70 hours of educational content within Tracks: Fundraising, Programming, Operations/Leadership, Staff Development, Child Development, Medical and COCAcademy
 - b. Medical CEU Track at Annual Conference (Over 13 hours)
 - c. Communicable Disease Plan Workshop for Medical Professionals
6. COCAcademy-two days of learning with internationally known Camp professionals at COCAcon
7. Conference Travel Stipend \$10,000, supported by COCA Partner, Care Camps
8. Free Conference Registration for One Winner of the Bead Game that is held at COCAcon each year
9. Multiple opportunities to network and connect with other pediatric oncology camping professionals through the education provided in regional conferences

COCA Membership Information:

Instructions for completing this Application

1. Complete the information and email it to info@cocai.org.
2. Complete the primary contact information section for each camp/organization location. The primary contact is the person COCA will contact regarding all camp matters. Each member must have a primary contact, but the same person can be the primary contact for more than one camp affiliate or location.
3. To calculate your membership dues, go to the membership fee structure table enclosed, follow the description to identify your dues.
4. Total your amount due and indicate your payment method (credit card or check).
5. Please sign and email your membership information and email it with payment on line at www.cocai.org or if paying by mail, send to Jennifer Amundsen, 1 Canal St., Unit 1214, Boston, MA 02114. **Please make checks payable to Children's Oncology Camping Association,**

Please list the parent/umbrella organization

Parent/Umbrella Organization Name: _____

Camp Name: _____

(see below to list multiple affiliates or locations)

Contact Person: _____ Title: _____

Year-Round Mailing Address: _____
Address City State ZIP Code

Phone Number: () _____ E-mail: _____

Website Address: _____

Physical Address/Location of Camp: _____

List *Affiliate Camp Names or Multiple Locations in Each Box Below:

* Camp members with Affiliates are charged \$100 each. Affiliates operate in separate locations and have the same benefits as all COCA members as well as access to grant opportunities.

Demographic Information About Camp:

Some of the following info will be used to build your Camp's profile listing in the COCA database and for listing on www.cocai.org

Year camp was established: _____

Do you rent or own the facility(ties)? _____

Is your Program ACA Accredited? _____

Is your Site(s) ACA Accredited? _____

Profile of Camp Programs offered (check all that apply):

Residential/Overnight:

cancer patients siblings day camp familycamp

Other: _____

Number (individual campers) served annually:

Pediatric Oncology Campers _____

Sibling Campers _____

Other Programs _____

Number of camp weeks offered annually: _____

Staffing:

- Ttl Number: _____
- Volunteer staff _____
- Paid staff _____

Camper Age requirements: _____

Camp Activities and Programs Offered:

- Boating/Canoeing/Sailing
- Fishing
- Swimming
- Arts & Crafts
- Rock/Wall Climbing
- Riflery
- Archery
- Rope Elements: High Low
- Other: (Please indicate any additional unique or standard activities or programs that you provide)

Cost per Camper:

Residential/Overnight

Per Camper/per day \$ _____

Provide camp at no cost to camper? Yes No

Offer partial scholarships? Yes No

Campers pay full cost Yes No

Day Camp

Per Camper /per day \$ _____

Medical Staff Onsite? Indicate specific staff, qualifications, length of stay (eg, 24-hr coverage / 8-hr shifts / daytime only)

	Number at camp	Length of stay at camp
Physicians		
Nurses		
EMTs		
Other_____		

Admin/Billing Information:

Contact Person: _____ Title: _____

Mailing Address: _____
Address City State ZIP Code

Phone Number: (____)____-_____

E-mail Address: _____

Official Contact Information for COCA Directory and Database:

Contact Person: _____ Title: _____

Mailing Address: _____
Address City State ZIP Code

Office Phone Number: (____)_____ Cell Phone Number: (____)_____

E-mail Address: _____

Organization Website Address: _____

Person completing this contact information:

Contact Person: _____ Title: _____

Office Phone Number: (____)_____ Cell Phone Number: (____)_____

E-mail Address: _____ Signature: _____

Membership Fee

Membership Tier (see Fee Structure) _____

Membership Fee _____

See Annual Membership Fee Structure Table below. Questions, call Jennifer Amundsen, COCA Executive Director, 205.410.7154

Payment Method

Check - Mail Check Payable to COCA-I
(Tax ID #31-1530836) Children's Oncology
Camping Association, Intl 1 Canal St., Unit 1214,
Boston, MA 02114

Credit Card – You may pay by:
✓ PayPal Invoice that COCA can email to you
✓ Visit COCA website, to pay online



2024 COCA-I MEMBERSHIP FEES

Membership Tier	Gross Receipts Greater Than	Gross Receipts Less Than	Membership Fee
1	\$0	\$100,000	\$350.00
2	\$100,001	\$250,000	\$460.00
3	\$250,001	\$500,000	\$565.00
4	\$500,001	\$750,000	\$675.00
5	\$750,001	\$1,000,000	\$780.00
6	\$1,000,001	\$2,500,000	\$900.00
7	\$2,500,001	\$5,000,000	\$1,000.00
8	\$5,000,000	\$10,000,000	\$1,100.00