



Application To Become ACA Open Judge

I wish to apply for the position of Open Judge with the ACA.

Name:	ACA Membership Number:	Office Use:
Address:	Suburb:	Postcode:
Phone 1:	Phone 2:	Financial status checked

Email: _____

Applicants Signature: _____ Date: _____

I attended the ACA Judges Seminar at: _____ Date: _____

Name of Facilitator/s: _____

Proposer and Seconder must be either an ACA Management Committee Member or ACA Open Judge with full ACA Financial Member status.

Proposer Name:	ACA Membership Number:	Office Use:
Email:	Phone:	Financial status checked and Management Committee or Open Judge status checked
Signature:		

Seconder Name:	ACA Membership Number:	Office Use:
Email:	Phone:	Financial status checked and Management Committee or Open Judge status checked
Signature:		

Completion of this form does not guarantee automatic acceptance. Applications will be considered by the Management Committee. You must be a full ACA Financial Member for your application to be considered.
Note: Forms will not be processed or considered unless all fields are completed and signed.

