



Cessation of ACA Judge Status

Name: _____ ACA Membership Number: _____

Address: _____

Suburb: _____ State: _____ Postcode: _____

Phone 1: _____ Phone 2: _____ DOB: _____

Email: _____

Current ACA Judge Status Level: Trial / Open

I, the undersigned, wish to no longer hold the status of ACA Judge and wish to be removed from all references to current available ACA Judges.

I understand that to be reinstated to this status I am required to undergo the ACA Judge application processes in place at the time of renewing this status.

My reason for this is (optional):

Signed: _____ Date: _____

