



## Cessation of ACA Judge Status

SECTION A: Judge’s Information		
Name:	ACA Membership Number:	
Address:		
Suburb:	State:	Postcode:
Phone Number:	Date Of Birth:	
Email Address:		

**Please circle the type of ACA Judge Status Level that you currently obtain:**

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)

Judge’s Signature	
Date:	