



Trial Judge Application

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

Applicants Name: _____ ACA Membership Number: _____

Address: _____

Suburb: _____ State: _____ Postcode: _____

Phone: _____ / _____

Email: _____

Applicants Signature: _____ Date: _____

I have attended the following:

Judges Seminar at: _____ on the (date) _____

Name of Facilitator/s: _____

Proposer and Seconder must be either an **ACA Management Committee Member** or
an **ACA Open Judge**

Proposer Name: _____

Email: _____

Signature: _____ Ph.: _____

Seconder Name: _____

Email: _____

Signature: _____ Ph.: _____

Gold Sponsors:

