



Incorporated in the ACT
Affiliated to the International Skating Union
ARBN 090 675 246 ABN 92 108 686 740

Administration Office: PO Box 567, Archerfield, Qld, 4108, Australia

Tel: + 61 7 3277 4618

Fax: + 61 7 3277 5889

Email: administration@isa.org.au

APPLICATION FOR REINSTATEMENT AS AN ELIGIBLE PERSON

1. Member Association making the application.....
2. Particulars of Applicant.
 - a. Surname.....
 - b. Maiden Name (if married woman).....
 - c. Given Name.....
 - d. D.o.b.....
3. Address.....
.....
4. Reason for desiring to be reinstated as an eligible person (delete as applicable)
 - a. to compete
 - b. to serve as an official
 - c. other (please specify)
5. Do you participate in any other sport as a professional?.....
6. If eligibility was forfeited for reason other than employment as a professional at a skating rink or in a stage production, give particulars of the infringement.
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7. Certified as correct by a State Association.....

Signatures.....
Applicant

.....
Member Association

Place and date.....

