



Georgia Polygraph Association

Membership Application

Notes to Applicant:

All items must be answered fully. If necessary, include any additional information for consideration on a separate sheet of paper. **Type or Print All Answers.**

Class of Membership Desired: (check one)

Full Membership Affiliate Membership Intern Membership

Status: (check one)

Private Government Law Enforcement

Applicant Information:

Last Name (Maiden Name): _____

First Name: _____

Middle Name: _____

Title: Mr. Mrs. Ms.

Date of Birth: _____ Place of Birth: _____

Race: _____ Sex: _____ Social Security Number: _____

Residential Address: _____

Business Name/Address: _____

Check mailing address preference: Residence Business

Home: _____ Work: _____ Fax: _____

Pager: _____ Email: _____

I give GPA permission to publish my home phone number in the membership roster. Yes No

Present Occupation: _____ Percentage of Time Devoted to Polygraph Work: _____

Education: (Account for all civilian schools high school and above)

From – To (Mo/Yr)	Name / Location of School	Graduated (Yes/No)	Degree
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Basic Polygraph School Attended: (Attach copy of your polygraph school certificate or diploma.)

From – To (Mo/Yr)	Name / Location of School
_____	_____
_____	_____
_____	_____

Polygraph Experience

Number of years as a Polygraph Examiner: _____

Professional Polygraph Organizations you are a Member of: _____

Equipment Used: _____

Techniques Used: _____

List refresher or Seminar Programs attended in the last ten (10) years: _____

Research / Publication

If you have taught, conducted research, authored any publication pertaining to polygraph or have any scientific or specific skills, please explain.

Character References: (Do not include relatives, employers, or persons living outside of the United States)

*** This reference should be a polygraph examiner, preferably a member of the Georgia Polygraph Association**

- *1. Name: _____
Street Address: _____
City/State/Zip: _____
Home Phone: _____ Work Phone: _____
Years Known: _____
2. Name: _____
Street Address: _____
City/State/Zip: _____
Home Phone: _____ Work Phone: _____
Years Known: _____
3. Name: _____
Street Address: _____
City/State/Zip: _____
Home Phone: _____ Work Phone: _____
Years Known: _____

Background Information (If yes to any questions, explain in full detail on a separate sheet of paper)

Have you ever been denied admission or expelled from a polygraph training facility? Yes No

Have you ever been denied admission or your membership terminated from a professional polygraph Organization?
 Yes No

Have you ever been refused a security bond? Yes No

Have you ever been discharged from a job or been asked to resign under unfavorable conditions? Yes No

Have you ever been convicted of a misdemeanor or a felony? Yes No

Were you ever discharged from the U.S. Armed Forces or convicted in a court martial? Yes No

Have you ever had a polygraph license suspended or revoked? Yes No

Membership / Application Fees

Please enclose a check or money order in the amount of \$55.00 (membership fee of \$45.00 and application fee of \$10.00), payable to the Georgia Polygraph Association or GPA. (**Note:** In the event that this application is not accepted, a refund of the \$45.00 membership fee will be made.)

Mail Application and check or money order to:

Georgia Polygraph Association
Attn: Tommy Wheeler
Douglas County Sheriff's Office
6856 Broad Street
Douglasville, GA 30134

Remarks

Applicants shall be eligible for membership in the GPA without examination.



Georgia Polygraph Association

Application Agreement

Date: _____ State: _____

County of: _____

I, _____, after being duly sworn, do solemnly swear that I am the applicant named in this application and attachments thereto. I have read and understand the contents herein, and have answered all questions completely and honestly. I hereby grant authorization to the Georgia Polygraph Association and/or their designated agents to verify any and all information I have provided, to include a check of Georgia's computerized files (GCIC) for any felony convictions. This authorization includes the verification of any statement or statements made by me or about me, my employment, my character or my conduct. I further agree that any misstatement or omission of fact will constitute sufficient grounds for rejection of my application, and/or termination from membership in the Georgia Polygraph Association. A copy of this release shall be considered as effective and binding as the original hand executed copy.

I FURTHER AGREE TO HOLD THE GEORGIA POLYGRAPH ASSOCIATION, ITS MEMBERS, EXAMINERS, OFFICERS AND AGENTS, FREE FROM DAMAGE, LIABILITIES OR COMPLAINT, BY REASON OF ANY ACTION THEY, OR ANY OF THEM TAKE IN CONNECTION WITH THIS APPLICATION.

DATE: _____ SIGNED: _____

(Signature before Notary Public)

Subscribed and sworn to before me on this _____ Day of _____, 20_____

(SEAL) _____

NOTARY PUBLIC in and for:

County: _____ State: _____