

GEORGIA POLYGRAPH ASSOCIATION

MEMBERSHIP APPLICATION

Type or Print All Answers

Class of Membership Desired (check one):

FULL AFFILIATE INTERN

Status (check one):

PRIVATE GOVERNMENT LAW ENFORCEMENT

Note to Applicant: All items must be answered fully. If necessary, include any additional information for consideration on a separate sheet of paper.

Last Name – First Name – Middle Name (Maiden Name, if any)

Mr.

Mrs.

Ms.

Date of Birth (month, day, year) Race Sex Social Security Number

Place of Birth (city, county, state, country)

Residence Address: (Include Zip Code + 4) Send mail to: Res. Bus.

Business Name & Address: (Include Zip Code + 4)

Home: ()

Work: ()

Fax: ()

Pager: ()

Email:

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

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

From – To

Name & Location of School

Graduated

Degree

(Mo/Yr)

(Yes/No)

Present Occupation:

Percentage of Time Devoted to Polygraph Work:

Have you ever been denied admission or expelled from a polygraph training facility?

Yes (explain in detail on a separate sheet of paper) No

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

(Mo/Yr) Name and Location of School

Professional Polygraph Organizations you are a Member of:

Have you ever been denied admission or your membership terminated from a professional polygraph Organization? Yes (explain in detail on a separate sheet of paper) No **(Revised: 3-1-01)**

Have you ever been refused a security bond?

Have you ever been discharged from a job or been asked to resign under unfavorable conditions?

Have you ever been convicted of a misdemeanor or a felony?

Were you ever discharged from the U.S. Armed Forces or convicted in a court martial?

Have you ever had a polygraph license suspended or revoked?

(If yes to any of the above questions, explain in full detail on a separate sheet of paper.)

CHARACTER REFERENCES

(Do not include relatives, employers, or persons living outside of the United States)
– LIST THREE (3)

Name:	Street Address:	City, State Zip:	Years Known
*1)			
Home Phone: ()		Work Phone: ()	
2)			
Home Phone: ()		Work Phone: ()	
3)			
Home Phone: ()		Work Phone: ()	
*This reference should be a polygraph examiner, preferably a member of the Georgia Polygraph Association			
Equipment Used:			
Techniques Used:			

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: _____

Please enclose a check or money order in the amount of \$45.00 (membership fee of \$35.00 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 \$35.00 membership fee will be made.)

Mail Application and check or money order to:

Georgia Polygraph Association
Attention: Mary Lou Respass
PO Box 784
Dacula, GA 30019