



# Georgia Polygraph Association

## Membership Application

### Note 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 – *Must include signed affidavit from examiner who conducted internship overseeing minimum of 25 polygraph exams.*
- 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:** (Include all civilian schools, high school, undergraduate education, and above)

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

**Basic Polygraph School Attended:** (Attach copy of your polygraph school certificates)

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: \_\_\_\_\_

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## Research / Publication

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

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## 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, provide 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, the \$45.00 membership fee will be returned)

## **Mail Application to:**

**Douglas County Sheriff's Office  
C/O Lt. Todd A. Vande Zande  
8470 Earl D. Lee Blvd  
Douglasville, GA., 30134**

### **Or Via Email:**

**(tvandezande@sheriff.douglas.ga.us)**

## **Send check or money order to:**

**Georgia Polygraph Association  
Don Berez / GPA Treasurer  
P.O. Box 2992  
Statesboro, GA 30459  
(912)536-5198**

**(gpassoc1998@gmail.com)**



## 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: \_\_\_\_\_



**Georgia Polygraph Association**  
**Internship Affidavit**

Date: \_\_\_\_\_ State: \_\_\_\_\_

County of: \_\_\_\_\_

Comes now, \_\_\_\_\_, being first duly sworn, under oath, and states that the following information is true to the best of his personal knowledge and belief:

I have overseen a minimum of 25 polygraph examinations, conducted by the applicant, \_\_\_\_\_, during his/her internship as an examiner. It is my opinion, as an experienced examiner, that the applicant possesses the required competencies to administer polygraph exams in accordance with the professional standards and bylaws of the Georgia Polygraph Association.

Date: \_\_\_\_\_ Signed: \_\_\_\_\_

(Sign before Notary Public)

SUBSCRIBED AND SWORN TO before me the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by

\_\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC

COUNTY \_\_\_\_\_

STATE \_\_\_\_\_

My Commission Expires: \_\_\_\_\_