



Georgia Polygraph Association

Membership Application

This application must be answered fully. If needed, include any additional information for consideration on a separate sheet of paper. **Type or print all the information requested.**

Class of Membership Desired: (check one)

- Full Membership – *Must include signed affidavit from the examiner who conducted an internship overseeing a minimum of 25 of your polygraph exams.*
- Affiliate Membership
- Intern Membership

Current Background:

- Private Government Law Enforcement Other: _____

Applicant Information:

Present Occupation: _____ Title or Position: _____

Percentage of Time Devoted to Polygraph Work: _____%

Last Name (Maiden Name): _____

First Name: _____

Middle Name: _____

Date of Birth: _____ Place of Birth: _____

Race: _____ Sex: _____ Social Security Number: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Organization Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Check preferred mailing address: () Residence () Business

Preferred Phone Number: _____ Mobile () Office ()

Preferred Email Address: _____

Education: (list highest level: high school, undergraduate, graduate, doctorate)

School	Location	Dates	Graduated (Yes/No)	Degree
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Basic Polygraph School (attach copy of your polygraph school certificate / diploma):

School	Location	Dates	Graduated (Yes/No)	Degree
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Polygraph Experience

Number of years as an active polygraph examiner: _____ years

Other Professional Polygraph Organizations you are a member of:

Organization

Year Joined

_____ since _____

_____ since _____

_____ since _____

Equipment Used:

Brand: _____ **Software version:** _____

Polygraph Techniques Used:

Continuing Education:

List conferences, seminar, and any other training during the last 5 years:

Name / Topic	Date	Name / Topic	Date

Research / Publication: If you have taught, conducted research, and/or authored any publications pertaining to polygraph, or have any scientific or specific skills, please explain:

Interned under: _____

Character References: These references should be polygraph examiners.

First list a member of the Georgia Polygraph Association*

*1. Name: _____ Organization: _____

Years Known: _____

2. Name: _____ Organization: _____

Years Known: _____

3. Name: _____ Organization: _____

Years Known: _____

Background Information:

If yes to any questions, provide full details on a separate sheet of paper

Have you ever been denied admission, or expelled from a polygraph training facility?	NO	YES, explain
Have you ever been denied admission, or your membership terminated, from a professional polygraph organization?	NO	YES, explain
Have you ever been refused a security bond?	NO	YES, explain
Have you ever been discharged from a job or asked to resign under unfavorable conditions?	NO	YES, explain
Have you ever been convicted of a misdemeanor or a felony?	NO	YES, explain
Were you ever discharged from the U.S. Armed Forces or convicted in a court martial?	NO	YES, explain
Have you ever had a polygraph license suspended or revoked?	NO	YES, explain

Mail this signed application to:

<p>Douglas County Sheriff's Office C/O Lt. Todd A. Vande Zande 8470 Earl D. Lee Blvd Douglasville, GA., 30134</p>	<p>Or email to: tvandezande@sheriff.douglas.ga.us</p>
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Your membership fee of \$75 should be separately sent to:

<p>Mail check or money order made payable to: Georgia Polygraph Association Don Berez / GPA Treasurer P.O. Box 2992 Statesboro, GA 30459</p>	<p>Or pay via PayPal to: gpassoc1998@gmail.com</p>
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Georgia Polygraph Association Examiner Application Affidavit

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: _____ EXAMINER Signature: _____
(Signature before Notary Public)

SUBSCRIBED AND SWORN TO before me this date: _____, by:

(seal)

NOTARY PUBLIC

COUNTY _____

STATE _____

My Commission Expires: _____



Georgia Polygraph Association Internship Mentor 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 this 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: _____ Mentor signature: _____
(Sign before Notary Public)

SUBSCRIBED AND SWORN TO before me this date: _____, by:

(seal)

NOTARY PUBLIC

COUNTY _____

STATE _____

My Commission Expires: _____