

NATIONAL POLYGRAPH ASSOCIATION OUR NATION'S TRUTHSEEKERS

Application for Membership

NAME OF APPLICANT:

(LAST NAME)

(FIRST NAME)

(MIDDLE)

RESIDENCE ADDRESS:

(STREET)

(CITY)

(STATE)

(ZIP)

BUSINESS NAME:

BUSINESS ADDRESS:

(STREET)

(CITY)

(STATE)

(ZIP)

SEND ALL MAIL TO HOME ADDRESS BUSINESS ADDRESS OTHER:

HOME PHONE: BUSINESS:

CELL PHONE: FAX:.....

Email Address(es):

EDUCATION: High School GED AA/AS BA/BS Masters
Doctorate

List college(s) attended and major field(s) of study:

Polygraph School Attended:

(Name)

(Street)

(City)

(State)

(Zip)

(Phone)

Dates of Attendance: From to

Date(s) of Issuance: Diploma..... Cert. of Completion

Please list names of two instructors who will endorse your application:

Are you qualified to administer polygraph examinations in any language other than English?

No Yes
(Please List)

Are you a member of any other state or national polygraph organization?

No Yes
(Please List)

Are you now or have you ever been licensed to conduct polygraph examinations by any other state or government agency? No Yes

(State/Agency)

License Number(s):

If you answer YES to any of the following questions (#1 through #7), please render a full and detailed explanation on a separate sheet. This information will be treated as confidential.

(1) Have you ever had a polygraph license suspended or revoked?

No Yes

- (2) Have you ever been convicted of any felony crime?
 No Yes
- (3) Have you ever been convicted/fined, in any court, of moral turpitude or amoral conduct?
 No Yes
- (4) Have you ever been a member of or associated with any group that advocates the violent overthrow of the United States Government?
 No Yes
- (5) Have you ever been expelled from or refused membership in any polygraph organization or any other organization or society?
 No Yes
- (6) Are you under indictment or investigation at present?
 No Yes
- (7) Have you ever been terminated or asked to resign from an employment for dishonesty or a serious violation of company policy?
 No Yes

PLEASE LIST AT LEAST ONE NPA MEMBER IN NPA OR AN INDIVIDUAL WHO IS A MEMBER OF ANY OTHER STATE OR NATIONAL POLYGRAPH ASSOCIATION WHO WILL ENDORSE YOU FOR MEMBERSHIP:

.....
 (NAME) (ASSOCIATION)

 (STREET) (CITY) (STATE) (ZIP) (PHONE)

I AGREE TO HOLD NPA MEMBERS, EXAMINERS, OFFICERS, DIRECTORS, AND AGENTS FREE FROM DAMAGE, LIABILITIES OR COMPLAINT BY REASON OF ANY ACTION THEY OR ANY OF THEM TAKE IN CONNECTION WITH THIS APPLICATION.

I HEREBY AUTHORIZE THE NATIONAL POLYGRAPH ASSOCIATION AND ITS DESIGNATED AGENT(S) TO CONDUCT AN INVESTIGATION INTO ANY MATTERS RELATING TO THIS APPLICATION. I UNDERSTAND THAT ANY INTENTIONAL FALSEHOODS OR OMISSIONS MAY CAUSE MY APPLICATION TO BE DENIED. I RELEASE AND HOLD HARMLESS ANY PERSON, COMPANY OR AGENCY WHO FURNISHED SUCH INFORMATION FROM ANY AND ALL LIABILITIES, ATTORNEY FEES AND/OR CLAIMS FOR DAMAGES, RESULTING FROM OR ARISING OUT OF THE INVESTIGATION OF THIS APPLICATION.

APPLICANT:..... DATE:

PLEASE MAIL YOUR APPLICATION TO **GARY F. DAVIS, TREASURER, NPA P.O. Box 6, Vassar, KS 66543.** ENCLOSE \$75.00 FOR DUES. IF YOUR APPLICATION IS NOT ACCEPTED, \$50.00 WILL BE RETURNED TO YOU.

NON-EXAMINERS MAY JOIN FOR A FEE OF \$50.00 AS AFFILIATES WITH NO VOTING RIGHTS.

IN ADDITION TO THE APPLICATION, PLEASE FORWARD A COPY OF YOUR GRADUATION CERTIFICATE FROM THE POLYGRAPH SCHOOL YOU ATTENDED. PLEASE FEEL FREE TO ENCLOSE ANY ADDITIONAL INFORMATION REGARDING YOUR APPLICATION OR DETAILS THAT WILL ASSIST IN THE PROCESSING OF YOUR APPLICATION.

INCOMPLETE APPLICATIONS WILL BE RETURNED OR DISMISSED FROM THE APPLICATION PROCESS.