



# Missouri Polygraph Association

## Membership Application

### Notes to Applicant:

Thank you for your interest in becoming a member of this association. All sections of the application must be answered completely. If necessary use additional pages to provide the requested information. Any false statements are grounds for rejection. Print or type all answers.

Please include a recent photograph of yourself, and a copy of your basic polygraph school certificate, and the completed and signed Full Member Continuing Education Form. If you are not a graduate of a basic polygraph school in the past thirty six months, and you are applying for full membership, you must also supply copies of additional training certificates documenting the completion of at least sixteen hours of continuing education in any area of formal education associated with the participation and conduct of polygraph examinations in the thirty six months preceding your application.

### Class of Membership: (check one)

Full Membership     Associate Membership     Honorary Membership

### Applicant Information:

Name: Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Residential Address: \_\_\_\_\_

Business Address: \_\_\_\_\_

Check mailing address preference  Residence  Business

Residential Telephone (optional): \_\_\_\_\_ Business Telephone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**MPA utilizes e-mail for preferred correspondence**

### License(s): List Polygraph license(s) you possess by state/number/date

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

## **Polygraph Training:**

Basic Course: School: \_\_\_\_\_

Address: \_\_\_\_\_

(Include city/state/zip):

School Director: \_\_\_\_\_

Intern Supervisor: \_\_\_\_\_ Graduation date: \_\_\_\_\_

How many seminars/workshops/courses? \_\_\_\_\_

How many total hours completed? \_\_\_\_\_

## **Polygraph Experience:**

1. How many years have you been a polygraph examiner? \_\_\_\_\_
2. How many examinations have you conducted? \_\_\_\_\_
3. What percentage of your working time is devoted to polygraph work? \_\_\_\_\_
4. What other polygraph associations do you have membership status with?
5. Have you ever been denied a polygraph license? \_\_\_\_\_
6. Have you ever been denied membership to any polygraph association? \_\_\_\_\_
7. Have you ever been denied acceptance into a basic polygraph school? \_\_\_\_\_

**If you answered yes to questions 5, 6, or 7 above give complete details of the denial.**

**Character References:** (two must be polygraph examiners)

Name:	Address: (City/State/Zip)	Years known:
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____

**Present Employment:**

Are you presently employed as a Polygraphist? Yes \_\_\_\_ No \_\_\_\_

**If so give agency name:**

Agency: \_\_\_\_\_  
Address: \_\_\_\_\_  
Name of contact person: \_\_\_\_\_  
Telephone number: \_\_\_\_\_

**If not give current employment information:**

Agency: \_\_\_\_\_  
Address: \_\_\_\_\_  
Name of contact person: \_\_\_\_\_  
Telephone number: \_\_\_\_\_

**Personal Background:**

Have you ever been convicted of a felony or misdemeanor? \_\_\_\_\_  
Have you ever been discharged or released under other than honorable conditions from any branch, department or agency of the federal, state, county or municipal government? \_\_\_\_\_  
Have you ever been discharged or asked to resign from any employment, organizational membership of society? \_\_\_\_\_

**If you answered yes to any of the above questions, please give complete details.**

## Application Request:

I hereby apply for membership, pursuant to and subject to the Constitution, By-Laws, and Regulations of the Missouri Polygraph Association, by all of which I agree to be bound. I further agree to hold the Missouri Polygraph Association, its 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. The information I have provided on this application is true and accurate to the best of my knowledge.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Dues/Fees:

Dues and fee of this association are established as follows:

- Annual membership dues are \$20.00; delinquent after Jan. 1st.
- New members: \$20.00 (plus a one time \$10.00 application fee) to be included with application and made payable to the Missouri Polygraph Association

## Mail To:

MPA State Secretary, Mailing Address available on MPA Website at:  
<http://www.missouripolygraph.com/application.asp>.

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## MPA OFFICIAL USE ONLY

1. Application received: Date \_\_\_\_\_  
Background completed: Date \_\_\_\_\_  
Background Investigator: \_\_\_\_\_
2. Date educational information and full member continuing education form sent/supplied to chair of the professional education committee: \_\_\_\_\_
3. Application approved \_\_\_\_\_ Application rejected \_\_\_\_\_ Date: \_\_\_\_\_
4. Dates:  
Membership certificate issued \_\_\_\_\_  
Nametag ordered \_\_\_\_\_  
Constitution/by-laws issued \_\_\_\_\_  
Member posted on mailing list \_\_\_\_\_