



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>.

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 _____