





**TENNESSEE**  
POLYGRAPH  
ASSOCIATION

**BUSINESS ADDRESS:** \_\_\_\_\_  
STREET CITY STATE/ZIP

**BUSINESS PHONE** \_\_\_\_\_

**EDUCATION: (CIRCLE LAST GRADE COMPLETED) GED 12 13 14 15 16 17 18**

**LAST SCHOOL/COLLEGE ATTENDED:** \_\_\_\_\_

**LIST ALL STATES WHERE YOU ARE LICENSED:** \_\_\_\_\_

**IF STILL INTERNING, IDENTIFY SPONSOR:** \_\_\_\_\_

**HAVE YOU HAD A POLYGRAPH LICENSE REVOKED, SUSPENDED OR DENIED?**

**IF YES, EXPLAIN:** \_\_\_\_\_

**HAVE YOU HAD MEMBERSHIP IN ANY PROFESSIONAL ASSOCIATION  
REVOKED, SUSPENDED OR DENIED? IF YES, EXPLAIN:** \_\_\_\_\_

**I HEREBY APPLY FOR MEMBERSHIP IN THE TENNESSEE POLYGRAPH  
ASSOCIATION AND CERTIFY I HAVE COMPLETED \_\_\_\_\_ POLYGRAPH  
EXAMINATIONS AND ALL INFORMATION ABOVE IS TRUE AND CORRECT.**

**I HAVE AGREE TO THE CODE OF ETHICS OF THE TENNESSEE POLYGRAPH  
ASSOCIATION AND AGREE TO ABIDE BY SAME. I FURTHER AGREE TO ABIDE  
BY THE CONSTITUTION AND THE BY-LAWS OF THE TENNESSEE POLYGRAPH  
ASSOCIATION.**

\_\_\_\_\_  
**SIGNATURE**

\_\_\_\_\_  
**DATE**

**APPROVED BY MEMBERSHIP COMMITTEE:** \_\_\_\_\_

**SIGNATURE OF CHAIRMAN:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

PLEASE RETURN COMPLETED APPLICATION AND A CHECK FOR \$25.00 MADE PAYABLE TO TENNESSEE  
POLYGRAPH ASSOCIATION TO: Tennessee Polygraph Assoc., 513 Memorial BLVD. Suite 175, Springfield Tn., 37172