APPLICATION FOR MEMBERSHIP
TENNESSEE POLYGRAPH ASSOCIATION

All questions on the application for membership in the Tennessee Polygraph Association must be answered. If something in particular does not apply to you, then enter the letters (NA) for not applicable.

CLASSES OF MEMBERSHIP

1. Active Members

Active members shall consist of those persons who have had adequate training in polygraph technique, meet minimum qualifications for licensing as a polygraph examiner and who, after completion of such training, have actively engaged in conducting polygraph examinations and completed a minimum of 200 polygraph examinations.

2. Associate Members

Associate membership shall consist of those persons who have had adequate training in polygraph technique, meet minimum qualifications for licensing as a polygraph examiner and who, after completion of such training, have actively engaged in conducting polygraph examinations.

3. Honorary Members

Honorary membership shall consist of such persons as are elected by the Board of Directors, or by the Association in convention assembled.

Membership Requested: (Circle One) ACTIVE ASSOCIATE HONORARY

PLEASE PRINT

FULL NAME: _____
LAST FIRST MIDDLE

DATE OF BIRTH: _____ **SSN:** _____

RESIDENCE: _____
STREET CITY STATE/ZIP CODE

PHONE: _____ **EMPLOYED BY:** _____

Email address:_____

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**