



Michigan Association Of Polygraph Examiners

MEMBERSHIP APPLICATION

NOTE 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 statement is grounds for rejection. Print or type all answers. Thank you.

APPLICANT:

CLASS OF MEMBERSHIP REQUESTED	<input type="checkbox"/> Active <input type="checkbox"/> Affiliate <input type="checkbox"/> Retired <input type="checkbox"/> Intern <input type="checkbox"/> Associate																																								
APPLICANT	<table style="width: 100%; border: none;"> <tr> <td style="width: 25%;">First Name</td> <td style="width: 25%;">Middle Name</td> <td style="width: 25%;">Last Name</td> <td style="width: 25%;">Date of Birth</td> </tr> <tr> <td colspan="3">_____</td> <td style="text-align: center;">/ /</td> </tr> <tr> <td colspan="2">Aliases , Nicknames or Changes in Name</td> <td colspan="2">Place of Birth</td> </tr> <tr> <td colspan="2">_____</td> <td colspan="2">_____</td> </tr> <tr> <td>Residence Address</td> <td>City</td> <td>State</td> <td>Zip</td> </tr> <tr> <td colspan="2">_____</td> <td colspan="2">_____</td> </tr> <tr> <td>Business Address</td> <td>City</td> <td>State</td> <td>Zip</td> </tr> <tr> <td colspan="2">_____</td> <td colspan="2">_____</td> </tr> <tr> <td colspan="4">Mailing Address: (Check Preference) <input type="checkbox"/> Residence <input type="checkbox"/> Business</td> </tr> <tr> <td colspan="4">Business Telephone () - _____ Residence Telephone () - _____</td> </tr> </table>	First Name	Middle Name	Last Name	Date of Birth	_____			/ /	Aliases , Nicknames or Changes in Name		Place of Birth		_____		_____		Residence Address	City	State	Zip	_____		_____		Business Address	City	State	Zip	_____		_____		Mailing Address: (Check Preference) <input type="checkbox"/> Residence <input type="checkbox"/> Business				Business Telephone () - _____ Residence Telephone () - _____			
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LICENSE	List Polygraph License(s) you possess by state, number, and date issued 1. _____ 2. _____ 3. _____																																								
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BASIC POLYGRAPH TRAINING	<table style="width: 100%; border: none;"> <tr> <td style="width: 25%;">School Name</td> <td style="width: 25%;">Address</td> <td style="width: 15%;">City</td> <td style="width: 15%;">State</td> <td style="width: 20%;">Zip</td> </tr> <tr> <td colspan="5">_____</td> </tr> <tr> <td>School Director</td> <td>Intern Supervisor</td> <td colspan="3">Graduation Date</td> </tr> <tr> <td colspan="5">_____</td> </tr> </table>	School Name	Address	City	State	Zip	_____					School Director	Intern Supervisor	Graduation Date			_____																								
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POLYGRAPH EXPERIENCE	1. How many years have you been a polygraph examiner? _____ 2. How many polygraph 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? _____																																								

CHARACTER REFERENCES	(Must be polygraph examiners)																								
	<table border="0"> <tr> <td>Name</td> <td>Address</td> <td>City</td> <td>State</td> <td>Zip</td> <td>Years Known</td> </tr> <tr> <td>1. *</td> <td colspan="5">_____</td> </tr> <tr> <td>2.</td> <td colspan="5">_____</td> </tr> <tr> <td>3.</td> <td colspan="5">_____</td> </tr> </table>	Name	Address	City	State	Zip	Years Known	1. *	_____					2.	_____					3.	_____				
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PRESENT EMPLOYMENT	<table border="0"> <tr> <td>Name of Business</td> <td>Address</td> <td>City</td> <td>State</td> <td>Zip</td> </tr> <tr> <td colspan="5">_____</td> </tr> </table>	Name of Business	Address	City	State	Zip	_____																		
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Supervisor: _____ Telephone: () - _____ How long have you been employed at this business? _____																									
PERSONAL BACKGROUND	1. Have you ever been convicted of a felony or misdemeanor? * _____ 2. 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, including but not limited to the various Armed Services of the United States and their reserve or State National Guard affiliates? * _____ 3. Have you ever been discharged or asked to resign from any employment, organizational membership or society? * _____																								
	*If yes, explain on additional sheets of paper and attach																								
APPLICATION PROCESSING FEE	I have enclosed the sum of \$_____. This payment is an "Application Fee" which is non-refundable. In the event that my application for membership is approved, I understand that the "Application Fee" will be applied to my first year membership dues.																								
APPLICATION REQUEST	I hereby apply for membership, pursuant to and subject to the Constitution, By-Laws, and Regulations of the Michigan Association of Polygraph Examiners, by all of which I agree to be bound. I further agree to hold the Michigan Association of Polygraph Examiners, 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: _____ Subscribed and sworn to before me on this _____ day of _____, 19____ Seal: _____ Notary Public _____																								
M.A.P.E. OFFICIAL USE ONLY	To be completed by the Membership Committee.																								
	1. Initials of Membership Committee reviewing application. () () () () () () () () 2. Application approved <input type="checkbox"/> Application Rejected <input type="checkbox"/> Date: _____ 3. Dates: -Application received by the Secretary: _____ -Application reviewed by the Membership Committee: _____ -General membership notified of Membership Committee's decision: _____ -Membership Certificate ordered: _____ -Membership Certificate issued: _____ -Membership Name Badge ordered: _____ -Membership Name Badge issued: _____ -Constitution/Directory book issued: _____ -Member posted on mailing list: _____ -Remaining dues collected: _____																								