



UTAH POLYGRAPH ASSOCIATION

MEMBERSHIP APPLICATION

NOTE TO APPLICANTS: All items must be answered. Include all additional information for consideration on separate sheet of paper, if necessary. Please TYPE or PRINT all Answers

Class of Membership Desired:

 Active Affiliate Honorary Retired

Name: _____

Home Address: _____
Number and Street City State Zip

Work Phone: () _____ Home Phone: () _____

Employer: _____ Position/Title: _____

How long employed: _____ Social Security #: _____

Email Address: _____ Date of Birth: _____

PLEASE INCLUDE THIS INFORMATION ON THE UPA WEBSITE YES ___ NO ___
(IF NO – HIGHLIGHT INFORMATION OR SUBMIT ANOTHER SHEET INDICATING WHAT SHOULD BE LISTED).

Polygraph School Attended: _____

Date Attended: From: _____ To: _____

What percent of your time is devoted to polygraph testing? _____

Number of Examinations Completed in the past three years _____

Specific Exams: _____ Pre-Employment Exams: _____

Membership in other Polygraph Associations: _____

Licenses held: _____ What State: _____

HAVE YOU EVER BEEN:

- Convicted of a crime? _____
- Addicted to drugs, narcotics, alcohol or any medicines? _____
- Charged with a serious crime but never convicted? _____
- A member or associated with a group that advocated violence or terrorism? _____
- Required to register as a felon, sex offender or narcotic user? _____
- Refused membership in any polygraph association? _____
- Had your polygraph license ever been suspended, revoked or denied? _____
- Are you presently under indictment or investigation at this time? _____

If you answered YES to any of the above question, please explain in detail on a separate sheet of paper and attach it to this application. Any information submitted will be held in strict confidence.

Please read and sign the following and submit this application along with a check or money order for \$50.00 to cover for your first year dues.

Please also submit copies of diplomas from high school, college, and Polygraph School.

Please send the application, notarized agreement and other paperwork to:

Utah Polygraph Association

Gordon H. Barland

2162 East 6595 South

Salt Lake City, UT 84121

E-mail: Barland@comcast.net

I agree to hold the Utah Polygraph Association, its members, examiners, officers, directors and agents free from damage, liabilities or complaints by reason of any action(s) taken in connection with this application. I authorize any person, agency, company or corporation to release any information in any file pertaining to me.

Applicant's Name (please PRINT): _____

Applicant's Signature _____ Date _____

State of _____,)

County of _____,)

Subscribed and sworn to before me this _____ date of _____, 20_____

Notary Public

My commission expires: _____

Seal:

Application Approved: _____

Application Denied: _____

President
Utah Polygraph Association

Date: _____