



# UTAH POLYGRAPH ASSOCIATION

## MEMBERSHIP APPLICATION

Class of Membership Desired:

 Active Affiliate Honorary Retired

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
Number and Street City State Zip

Work Phone: ( ) \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_

Law enforcement examiner \_\_\_\_\_ Government examiner \_\_\_\_\_ Private examiner \_\_\_\_\_

Employer: \_\_\_\_\_ Position/Title: \_\_\_\_\_

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 \_\_\_\_\_

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  
Jared Rockwood  
PO Box 652  
Provo, Ut 84603-0652

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 \_\_\_\_\_

Application Approved: \_\_\_\_\_

Application Denied: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

President  
Utah Polygraph Association

Date