



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 809
Orem, UT 84057

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