



Virginia Polygraph Association

Post Office Box 6311
Williamsburg, Virginia 23188

Membership Application

Name: _____

Home Address: _____

City, State, Zip: _____

Home Phone: _____ **Cell Phone:** _____

Home Email: _____

Work Email: _____

Primarily Employed As:

☐ Law Enforcement ☐ Private Examiner ☐ Government Examiner

Current Employer (Name and Address): _____

Dates of Employment: _____

Former Employer (If less than one year with current employer):

Professional Background

Polygraph Training (Include all schools, training, and dates attended):

Education (Include date of degree or diploma received):

Memberships (Polygraph Associations and other Professional Organizations):

Polygraph Licenses Held and Date Licensed:

Type of Membership Requested:

☐ Full ☐ Associate (*For persons who have not completed polygraph training)

References

(Please include three references, with at least one VPA member if known)

Reference #1

Name: _____

Address: _____

City, State, Zip: _____

Phone: _____

Reference #2

Name: _____

Address: _____

City, State, Zip: _____

Phone: _____

Reference #3

Name: _____

Address: _____

City, State, Zip: _____

Phone: _____

Applicant Certification and Agreement

I have not been convicted of a misdemeanor involving moral turpitude or any felony, nor have I been released or discharged under other than honorable conditions from any of the Armed Services of the United States. This application is complete and correct to the best of my knowledge. I agree to abide by the bylaws and provisions of the Constitution as adopted by the members of the Virginia Polygraph Association. If I am accepted as a member of the VPA, I further agree that I will not make any public statement or utterance purporting to represent the VPA or regarding any other examinees' professional ability, honesty or integrity. Any derogatory comments I have concerning any other examiner will be submitted in writing to the governing body of this organization.

I hereby release the Virginia Polygraph Association, its officers, members or agents, from all legal claims of liability for any damages, either directly, or indirectly, resulting from or arising out of any investigation regarding this application.

Signature of Applicant: _____

Printed Name: _____

Date: _____