

TEXAS ASSOCIATION OF POLYGRAPH EXAMINERS

APPLICATION FOR MEMBERSHIP

DATE: _____

(READ INSTRUCTIONS CAREFULLY BEFORE EXECUTING THIS FORM. PLEASE TYPE OR PRINT)

NAME: _____

LAST

FIRST

MIDDLE

ADDRESS: RESIDENCE: _____

ADDRESS

CITY

STATE

ZIP CODE

BUSINESS _____

NAME

EMPLOYMENT: _____

ADDRESS

CITY

STATE

ZIP CODE

TELEPHONE: HOME _____ BUSINESS _____

SEND MAIL TO: _____

PLACE OF BIRTH: _____ DATE OF BIRTH: _____

CITIZENSHIP BY BIRTH: _____ NATURALIZED(DATE): _____

MARITAL STATUS: _____ HEIGHT: _____ WEIGHT: _____

POLYGRAPH LICENSE NUMBER: _____ STATE(S): _____

OCCUPATIONS:

PRESENT _____ FROM _____

_____ FROM _____ TO _____

_____ FROM _____ TO _____

_____ FROM _____ TO _____

GENERAL
EDUCATION: _____

POLYGRAPH SCHOOLING:

NAME OF SCHOOL _____

ADDRESS _____

NAME OF PRINCIPLE INSTRUCTOR(S) _____

HOURS OF TRAINING _____

TOTAL NUMBER OF SUBJECTS EXAMINED WHILE IN TRAINING _____

COURSE STARTED _____ COURSE ENDED _____

POLYGRAPH EXPERIENCE:

EMPLOYER _____ FROM _____ TO _____

_____ FROM _____ TO _____

_____ FROM _____ TO _____

TOTAL NUMBER OF SUBJECTS EXAMINED _____

TOTAL CRIMINAL EXAMINATIONS _____

TOTAL COMMERCIAL EXAMINATIONS _____

TOTAL SUBJECT HOURS _____

MEMBERSHIP IN ORGANIZATIONS: _____

MILITARY SERVICE: _____

RESIDENCE(S): PAST 10 YEARS

FROM TO ADDRESS CITY STATE ZIP

PERSONAL REFERENCES:

One of which we prefer is a member of T.A.P.E. and each reference must be able to comment on your integrity and/or Polygraph Proficiency.

NAME ADDRESS

NAME ADDRESS

NAME ADDRESS

I HEREBY APPLY FOR _____ ACTIVE _____ ASSOCIATE _____ AFFILIATE MEMBERSHIP PURSUANT TO AND SUBJECT TO THE CONSTITUTION, BY-LAWS, RULES AND REGULATIONS OF THE TEXAS ASSOCIATION OF POLYGRAPH EXAMINERS, AS ARE, FROM TIME TO TIME, IN FORCE, BY ALL OF WHICH I AGREE TO BE BOUND. ENCLOSED IS A CHECK OR MONEY ORDER IN THE AMOUNT OF \$50.00 PAYABLE TO THE TEXAS ASSOCIATION OF POLYGRAPH EXAMINERS, WHICH I UNDERSTAND COVERS INITIATION AND FIRST YEAR DUES.

I AGREE TO HOLD SAID TEXAS ASSOCIATION OF POLYGRAPH EXAMINERS, ITS MEMBERS, EXAMINERS, OFFICERS, AGENTS, FREE FROM DAMAGE, LIABILITIES OR COMPLAINT BY REASON OF ANY ACTION THEY MAY TAKE IN CONNECTIONS WITH THIS APPLICATION.

I UNDERSTAND THAT ANY DELIBERATE MIS-STATEMENT OF FACT OR FALSEHOOD IN THIS APPLICATION WILL BE GROUNDS FOR REJECTION AS A MEMBER. I AUTHORIZE THE MEMBERSHIP COMMITTEE, SECRETARY - TREASURER OR ANY OTHER PERSON DESIGNATED BY THE PRESIDENT OF THE TEXAS POLYGRAPH ASSOCIATION OF EXAMINERS, TO CONTACT ALL REFERENCES LISTED IN MY APPLICATION FOR MEMBERSHIP, ANY OTHER PERSON CONSIDERED NECESSARY AND TAKE ANY OTHER APPROPRIATE ACTION TO DETERMINE MY FITNESS FOR MEMBERSHIP.

SIGNATURE

SWORN AND SUBSCRIBED TO BEFORE ME THIS _____ DAY OF _____ 20_____

NOTARY PUBLIC

COMMISSION EXPIRES _____

TEXAS ASSOCIATION OF POLYGRAPH EXAMINERS

CODE OF ETHICAL PRACTICE

THE TEXAS ASSOCIATION OF POLYGRAPH EXAMINERS PROMOTES AND SUPPORTS THE EXCHANGE OF KNOWLEDGE AND IDEAS IN ORDER TO DEVELOP THE HIGHEST POSSIBLE STANDARDS OF PROFESSIONAL COMPETENCE AMONG MEMBERS. EACH MEMBER IS BOUND BY THE FOLLOWING CODE OF ETHICS:

1. To practice objectivity in all polygraph matters expressing an unbiased opinion on all such matters.
2. To disclose information, findings, or other information resulting from polygraph procedures to authorized persons only.
3. To avoid conduct or actions that would reflect adversely on the reputation, character or integrity the Polygraph Profession or of the Association.
4. To refrain from conduct or actions that may appear to be a conflict of interest in polygraph matters.
5. To publicize no false or misleading information relating to the Polygraph Profession.
6. To communicate no remarks, either expressed or implied that would appear to reflect adversely on the professional reputation or integrity of any member of the Polygraph Profession except as required by law or as provided in the Constitution or by-laws of the Association.
- 7.

AFFIDAVIT

I, _____, HAVE READ THE CODE OF ETHICAL CONDUCT OF THE TEXAS ASSOCIATION OF POLYGRAPH EXAMINERS AND AGREE TO ABIDE THEREBY. I UNDERSTAND THAT FAILURE TO COMPLY WITH THIS CODE MAY RESULT IN EXPULSION FROM MEMBERSHIP, SHOULD I BE ACCEPTED AS A MEMBER. I FURTHER UNDERSTAND THAT PREVIOUS VIOLATIONS OF THE CODE, MAY BE CONSIDERED BY THE MEMBERSHIP COMMITTEE DURING THE PROCESSING OF MY APPLICATION, BUT THAT SUCH VIOLATIONS WOULD NOT NECESSARILY DISQUALIFY ME, AS LONG AS SUCH PRACTICES ARE DISCONTINUED IMMEDIATELY.

SIGNATURE

PRINT OR TYPE FULL NAME

MAILING ADDRESS

CITY STATE ZIP CODE

SWORN AND SUBSCRIBED TO BEFORE ME THIS _____ DAY OF _____ 20_____

NOTARY PUBLIC

COMMISSION EXPIRES: _____