



## American Association of Police Polygraphists, Inc

### UPGRADE REQUEST FORM FOR ACTIVE MEMBERSHIP

Visit our web site: [www.policepolygraph.org](http://www.policepolygraph.org)

Answer all sections completely. Incomplete or false statements will be grounds for disqualification and/or removal from membership. Please type or print clearly.

#### MEMBERS INFORMATION

**MEMBER NUMBER:**

**REGION:**

FIRST NAME:

MI:

LAST NAME:

MAILING ADDRESS:

CITY:

STATE:

ZIP:

TELEPHONE NUMBER:

(CELL PHONE)

E-MAIL ADDRESS:

#### LAW ENFORCEMENT POLYGRAPH EXPERIENCE

POLYGRAPH EXPERIENCE SINCE COMPLETING POLYGRAPH SCHOOL: **YEARS:**

**MONTHS:**

NUMBER OF LAW ENFORCEMENT EXAMS CONDUCTED:

INTERN SUPERVISOR:

(PHONE)

INTERN SUPERVISOR EMAIL:

POLYGRAPH SCHOOL:

POLYGRAPH SCHOOL DIRECTOR:

(PHONE)

Are you currently licensed in your state?

Yes ☐

No ☐

N/A ☐

*Letters from the Intern member's current Intern supervisor and/or polygraph school director must accompany this form for the application to be considered for upgrade from intern to active member*

#### ACTIVE CLASS MEMBERSHIP AGREEMENT

I have read and understand the AAPP bylaws which bind me as a member both individually and collectively to the standards, objectives, and principals of practice as endorsed by the American Association of Police Polygraphists. I also understand that I am bound by applicable local, state and federal law.

I understand that as an ACTIVE member of AAPP I must be a law enforcement polygraphist as defined in Article III and that I have demonstrated proficiency in the administration of polygraph examinations. I have completed a recognized polygraph school at least six months prior to submitting this application and have conducted no less than fifty polygraph exams to qualify for this membership classification upgrade. Attached is a letter from my intern supervisor and/or my polygraph school director that confirms I have successfully completed the above requirements.

I understand that to maintain Active Membership with AAPP, it is necessary for me to attend within every two-calendar-year period at least one recognized polygraph seminar. Seminars which qualify are those conducted by the AAPP, an AAPP-recognized polygraph school, or a formally organized national, regional or state polygraph organization. I understand that as an Active Member, I shall have the right to vote at the annual business meeting if my member's dues for that year are paid prior to the annual meeting and that I may hold any AAPP office and/or serve on any AAPP committee. I attest that all of the information provided on this application is true and accurate.

Intern Member's Signature: \_\_\_\_\_ Date \_\_\_\_\_

COMPLETE AND SAVE FORM

Email completed form to AAPP Vice President and National Office Manager at [Nom@Policepolygraph.org](mailto:Nom@Policepolygraph.org)

#### CHECKLIST ( to be completed by AAPP Membership Chair)

Intern Member Number Verified:

Member Dues Paid To Date:

Intern Supervisor Letter Attached:

School Director Letter Attached:

DATE INTERN MEMBER APPROVED FOR ACTIVE MEMBERSHIP: