



## Membership Application

Legal Name:

DOB:

Current Agency and/or Business:

Address:

Email:

Phone:

Website:

Name of Polygraph school attended:

Year of graduation:

PCSOT certified? Yes/No

Current member of APA/NPA/AAPP or other:

Licensed in the state[s] of:

[please include copies of licensure when submitting application]

Have you ever been convicted of a felony or equivalent as defined by MN State Statute? If so what & when?

Have you ever been convicted of violating a person's Civil Rights? If so what & when?

Have you ever been denied a polygraph license? If yes, explain.

Have you ever been denied entry into a polygraph school? If yes explain.

Have you ever been denied membership into a polygraph association? If yes explain.

Please forward a copy of your school graduation certificate[s], proof of current membership in at least one of the above-mentioned organizations, and a check or money order for \$50.00 to :

MN Polygraph Association  
PO Box 505  
North Branch, MN 55056

The annual membership dues of \$50.00 are due on January 1. Membership is valid through December 31<sup>st</sup>. You will receive a certificate once your membership is received and verified. By signing this form you agree to abide by the APA Standards of Practice and MNPA Bylaws and standard CE credits.

By signing this application you are giving permission for the MNPA to do a background check and to verify current membership status with APA, AAPP or NPA.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

[Welcome to the Minnesota Polygraph Association!](#)