

**OKLAHOMA POLYGRAPH EXAMINERS ASSOCIATION
MEMBERSHIP APPLICATION**

Class Of Membership: () Active

Last name, First name, Middle name (other names used)

Date of birth, Place of birth (City, State, and/or Country)

Residence address, City, State Zip Code

Business name/address, City, State Zip Code Preferred mailing address
(Important-must be updated for newsletters) () Residence () Business

home phone; business phone; fax phone all with area codes

EMAIL ADDRESS _____

List all polygraph licenses you possess by State, License # and date issued

Note: Valid Oklahoma Polygraph Examiners License Required for free membership offer

Basic Polygraph Training

School Name, School Address, City, State Zip Code

School Director, Intern Supervisor, Graduation Date

Applicant's years of polygraph experience _____

Professional Associations applicant is member of: (use separate paper if needed)

Have you ever been denied a polygraph license? () yes () no

Have you ever been denied entry into a polygraph school? () yes () no

(If "yes" list details on separate sheet of paper) If answered "yes", explain:

Applicant signature

date