



Important: Please fill out all fields in the Membership application. You can fill in the fields directly in the PDF document, save it to your computer and then send it by E-mail to: sara@ipeo.co.il



Israeli Polygraph Experts Organization

Membership Application

All items must be answered fully. Include any additional information for consideration a separate sheet of paper if necessary.

Class of Membership Desired:

- Temporary Membership
- Associate Membership
- Science and Technology Membership
- Divisional Membership
- Full Membership
- Life Membership
- Honorary Membership

First Name: _____ Middle Name: _____ Surname: _____

Sex: M F

Company Name (If Applicable): _____ I.D Number: _____

Place of Birth (City, County, State, and Country): _____ Date of Birth: _____

Status:

Private Government

Please disclose any relevant information which may affect in any way, shape or form your qualification / eligibility for membership in the IPEO. (Please submit the relevant documents).

Home Address: _____

Business Address: _____

Home Phone: _____

Mobile Phone: _____

Business Phone: _____

Fax: _____

Email Address: _____

Send Mail to: _____

Military/ Governmental Service:

Date		Position
From	To	



Type of discharge:

End of Service Medical General Retirement

Are you presently on active duty in the Military drawing full pay? Yes / No

Please Specify: _____

Education: (Please provide a copy of your diploma/ graduation Certificate)

Years	Name of School	Faculty	Graduation		Degree
			Yes	No	

Polygraph Training:

Month and Year From To	Name of Institute	Address	Phone Number	Number of Hours	Date of Graduation	Principle Instructor

Equipment Used: _____

Number of Tests Conducted in Training: _____

Other Seminars:

Name of Seminar: _____ From Date: _____

To Date: _____ Total Hours: _____

Name of Seminar: _____ From Date: _____

To Date: _____ Total Hours: _____

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To Date: _____ Total Hours: _____



Polygraph Experience:

Total Number of Tests Conducted:	
Total Hours Spend Conducting Those Tests:	
Type and Number of Cases:	
Specifics:	
Screening:	
PCSOT:	
Other (specify):	

List Polygraph License(s) by state, number and date issued:

Have you ever been expelled from membership in any organization or society? Yes / No

Have you ever been denied or expelled from membership in the APA or IPEO? Yes / No

Are you now or have you ever been a member of any organization which advocates or has adopted the policy approving the commission of acts of force or violence to deny other persons their rights under the Laws of the State of Israel or any Sovereign Democratic Government? Yes / No

If you have stated 'Yes' to any of the above questions please explain

Have you ever been detained, held, arrested, indicted, or summoned into court as a defendant-in a criminal proceeding or convicted, fined, or imprisoned or placed on probation or have you ever been ordered to deposit bail or collateral for the violation of any law, Police regulation or Ordinance (excluding minor traffic violations for which a fine or forfeiture of 100 Shekels or less was Imposed? Include ail court martials while in Military service. Yes / No

If yes, list the date, the nature of the offense or violation, the name and location of the court or place of hearing and the penalty imposed or other disposition of each case.



Residence: List all residences for the past five years.

Years	Address		
	Street	City	Country

Employment show every employment you have had in the last ten years and within that time all periods of unemployment.

Years	Name & Address of Employer	Phone number	Name of Direct Manager	Reason for Leaving

Memberships: Past and/or Present Memberships in Organizations.

Years	Name & Address of Organization	Type of Organization (Social, Professional, Governmental etc.)	Head Offices

Character References: List at least 3. Do not include relatives.

Name	Years Known	Type of Relationship	Address	Phone Number



If you have been involved in teaching polygraph; or have any scientific skills please explain.

Date: _____ Signed: _____

Statement:

I, _____, do solemnly swear that I am the applicant named in this application and attachments thereto. I have read and understand the contents herein, and to the very best of my knowledge and belief, the foregoing answers and statements are both complete and true. I agree that any misstatement or omission of fact will constitute sufficient grounds for rejection of my application, and/or termination of membership in the **Israeli Polygraph Experts Organization**.

A photocopy of this release shall be considered as effective and binding as the original hand executed copy.

By my signature affixed to this document, I acknowledge that I have read, understand and will comply with the **Israeli Polygraph Experts Organization Constitution, By-Laws and Standards of Practice** as published and amended from time to time by appropriate authority.

I FURTHER AGREE TO HOLD SAID **Israeli Polygraph Experts Organization**, ITS MEMBERS, EXAMINERS, OFFICERS, AND AGENTS, FREE FROM DAMAGE, LIABILITIES OR COMPLAINT, BY REASON OF ANY ACTION THEY, OR ANY OF THEM TAKE IN CONNECTION WITH THE APPLICATION.

Date: _____ Signed: _____

I have enclosed the sum of: _____ this is payment of the present membership fee due at the time of submission of this application. In the event application is not accepted, full refund of membership fee will be made.