

# MEMBERSHIP APPLICATION



## SOUTH AFRICAN PROFESSIONAL POLYGRAPH ASSOCIATION (SAPPA)

Applicants shall be eligible for membership of SAPPA without examination  
Mark with a / throughout document where applicable

Membership Category	
Civil Service R750-00	Private R750-00

Applicant Details													
Title	Mr			Ms			Dr			Prof			Other
Identity No													
Full names													
Surname													
Alias(es) Nickname(s) or changes in name (other than by marriage)													
Date of Birth	Day			Month			Year						
Place of Birth						Passport No							
Telephone Home	Business			Mobile Phone No			Fax						
Residential Address:						Postal Address OR indicate whether residential OR business address to be used							
Business Address (If not self employed, indicate name and address of employer, if self-employed indicate name of your business)						E-mail							
						Website							

PO Box 36825 Menlo Park 0102  
e-mail: [SAPPA@polygraphy.com](mailto:SAPPA@polygraphy.com)

Telephone: 012 349 2952  
Facsimile: 012 349 2953  
Webpage: [www.polygraph.org.za](http://www.polygraph.org.za)

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Education					
Matriculated - : Date		Name of school/college			
UNIVERSITY / COLLEGE (A copy of diploma/transcript(s) from college/university must be attached)					
Name of tertiary institution		Degree/Diploma obtained			
Graduation date(s)	Month	Year			
Present Occupation		Percentage of time devoted to polygraph work: %			
Polygraph Training					
APA accredited		YES	NO		
Name of school		Principal Instructor: (List full address)			
Length of training:		Weeks	Hours		
Graduation date		No of Tests conducted during Training:			
Equipment Used					
Specialised/Continuing Education/Refresher or Seminars Attended after basic APA training: (A copy of diploma/certificate/transcript(s) must be attached)					
Date	Type/Title	Written Exam		Hours	Instructor
		YES	NO		
		YES	NO		
		YES	NO		
		YES	NO		
Polygraph Experience After Basic APA Training					
Number of tests conducted:			Total hours spent conducting those tests		
Type & Number of Cases					
Specifics	Pre-Employment Screening	General Screening		Other	

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Other Polygraph Related Involvement			
Teaching/Instructing	YES	NO	Details
Published Research of Polygraph:	YES	NO	Details
Published material pertaining to polygraph	YES	NO	Details
Scientific or Specific Skills:		Details	
Have you ever been			
Denied admission to or expelled from a polygraph training facility?	YES	NO	
Denied admission to or had your membership terminated in any Polygraph Association?	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 Constitution of the RSA?	YES	NO	
<b>NB: IF YOU HAVE ANSWERED "YES" TO ANY OF THE ABOVE QUESTIONS, PLEASE GIVE DETAILS:</b>			
<b>Have you ever been</b> 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)	YES	NO	
<b>NB: IF "YES" PLEASE GIVE DETAILS:</b>		<b>Number of times:</b>	
Date	Nature of the offence or violation		
	Name and location of court or place of hearing		
	Penalty imposed or other disposition		
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	Name and location of court or place of hearing		
	Penalty imposed or other disposition		

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I,....., hereby declare  
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 hereby agree that any misstatement or omission of fact will constitute sufficient grounds for rejection of my application, and / or termination from membership of SAPPA.*

*I further agree to hold said South African Professional Polygraph Association, its members, examiners, officers and agents, free from damage, liabilities or complaint, by reason of any reasonable action they take in connection with this application.*

***I authorise any and all background investigation to determine my suitability and acceptability for membership.***

SIGNED.....at .....on this...day of.....200....  
APPLICANT

**NOTE:** Completed applications can also be sent via e-mail or FAX.

**Original completed application to be mailed to the Association by registered mail to:**

**SOUTH AFRICAN PROFESSIONAL POLYGRAPH  
ASSOCIATION**

**Bank details for direct deposit**

Membership Chair  
PO Box 36124  
MENLO PARK  
0102

Account Name: SAPPA  
Bank : NEDBANK  
Account No.: 1497 187818  
Branch Code : Business Pretoria

**together with**

- Copies of all relevant diplomas/certificates/transcripts
- Cheque (*payable to South African Professional Polygraph Association*) for the sum of R..... in payment of the present membership fee of R 750.00 and administrative fee of R150-00
- 2 colour passport photos
- Copy of ID doc

(In the event of application not being accepted, a full refund of membership fee will be given)