

California Association of Polygraph Examiners (CAPE)
Application for Membership *Page 1 of 2*

I am applying for the following membership: (circle one) *Intern Full Affiliate*

Name: _____

Home address: _____

Phone _____ Fax _____

Email _____

Employer: _____

Phone _____ Fax _____

Email _____

Mailing address: (circle one) *Home Work Other:*

What address(es) & phone number(s) do you want listed in the CAPE Directory (circle all that apply) Address: *Home Work Mailing* Phone: *Home Work Mailing*

What email address do you want listed: _____

What fax do you want listed: _____

Polygraph School attended: _____
(Attach Graduation Certificate)

Dates of attendance: From _____ To _____

School: _____

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Name of 2 Instructors who will endorse your application: _____

What polygraph technique(s) do you use? _____

Within the past three (3) years, how many individual subjects have you examined using an APA
accepted polygraph technique? _____, and of these how many are specific issue exams? _____

What percentage of time are you currently involved in Polygraph testing? _____

Are you qualified to administer polygraph exams in any other language? _____

What language(s)? _____

Identify any/all Criminal conviction(s): List the crime, year of occurrence(s), county, state, status
at this time if not yet resolved. A conviction will not necessarily disqualify you from CAPE
membership. Omitting criminal convictions will result in your removal from this association.

_____ I have never been convicted of a crime.

I have been convicted of this/these crimes: _____

Former Law Enforcement Employment: (Include address, dates, assignments and supervisors)

Your signature

date

Full Membership applicant's must:

1. Send in a copy of your log showing a minimum of 100 exams and a minimum of 25
specific-issue exams.
2. Send in copies of charts, question lists and opinions rendered for last three
specific-issue exams.

(If desired, remove names and identifying information of examinees)

Send completed application along with **\$150.00** (one hundred and fifty dollars) made
payable to the **CAPE Treasurer: CAPE**

PO Box 7009

Redlands, CA. 92375-7009`

\$125.00 is the application / dues fee. \$25.00 is the background fee.

The \$25.00 background fee is not reimbursable

Contact CAPE Secretary Bob Heard at 1-909-387-0343 or capesecretary@aol.com or
CAPE Treasurer Joe Bodnar at b6260@gte.net if you have any questions.