



I.A.I.P.P. MEMBERSHIP APPLICATION

A) Personal Information:

First name:

Last name

Gender:

☐ Mr.

☐ Mrs.

☐ Ms.

☐ Other:

Date of Birth:

Place of Birth:

Country of Birth:

Nationality:

Actual Residence:

Residence address:

Nr.:

City:

Zip:

Country:

Contact information:

Phone number:

Mobile number:

☐ WhatsApp

☐ Telegram

Emails:

Social media:

Facebook:

Twitter:

Youtube:

Other:

B) Education: (Only studies and training after secondary school)			
Name of Institution + (Country)	Study	Duration	Title
			☐ YES ☐ NO
			☐ YES ☐ NO
			☐ YES ☐ NO
			☐ YES ☐ NO
			☐ YES ☐ NO
			☐ YES ☐ NO

C) Employment: (Start with the actual/last activity first) (5 jobs or 10 years activity)			
Employer + (Country)	Position	Period	
		Start	End

D) Field of Expertise:		
		Training Institution
Field:	☐ Psycho-physiology	
	☐ Polygraphy	
	☐ Forensic science	
	☐ Behavior analysis	
	☐ Emotional Marketing	
	☐ Psychology	
	☐ Behaviorism	
	☐ Other: Please explain below	
Other:		

E) Past behavior:	
Have you ever been condemned by any criminal court of justice?	☐ NO ☐ YES
Have you ever been expelled from membership from any organization or society?	☐ NO ☐ YES
If you have answered "yes" to any of the previous questions, please explain:	

F) Character references: (State at least a I.A.I.P.P. member if you happen to know one.)	
Name:	Country:
Name:	Phone:
Name:	Country:
	Phone:
	Country:
	Phone:

I, hereby do solemnly swear that I am the applicant named in this membership application. I have understood the contents and have filled in the information to the best of my knowledge, the answers are completely true. I authorize the I.A.I.P.P. or any of its members to investigate the truthfulness of the information provided by me in this application form. This authorization includes any further analysis deemed necessary by the I.A.I.P.P..

With my signature I acknowledge to have read, understand and to comply with the Code of Ethics, Standard of Practice regarding my field of work and the Constitution Statutes of the I.A.I.P.P..

I also agree to hold the International Association of Independent Psycho-Physiologists and Polygraphists and any of its members or agents, free from any damage, liability or action, by reason of any action in connection with this application.

I have read, adhere and comply with: (Please check the boxes)

- ☐ [I.A.I.P.P. Code of Ethics](#)
- ☐ [I.A.I.P.P. Constitution Statutes](#)

City:	Country:
Date:	Signed: