



PEAI MEMBERSHIP APPLICATION FORM

Completely fill out and sign the Membership Application Form.

Completely fill out the Payment Agreement section.

Download an audit trail from your software and submit with application forms.

Submit both completed and signed documents with audit trail from your software to membership@peai.co.za

For any queries, please contact membership@peai.co.za.

Name and Surname: _____

ID Number: _____

Address: _____

City and province _____ Postal code _____

Mobile & office numbers: _____

Email address: _____

Company Name: _____

Polygraph School attended: _____ Year: _____

Facilitator Name and Contact details: _____

Please list any other qualifications: _____

Are you currently a member of a South African polygraph examiner's association?

Yes / No

If Yes:

Name of organisation: _____

Number of years as member: _____

Please include a letter of good standing from your current organisation as part of your application.

Have you previously been a member of a South African polygraph examiner's association?

Yes / No

If Yes:

Name of organisation: _____

Please state your reason(s) for leaving that organisation: _____



Please specify (tick) the type of membership you are applying for:

- Full member – Qualified as a Polygraph Examiner from an accredited or recognised Institution.
- Silver Status – Full Member with five hundred (500) completed polygraph Examinations.
- Gold Status – Full member with one thousand (1000) completed polygraph examinations.
- Platinum Status – Full member with one thousand five hundred (1500) completed polygraph examinations.
- Master Status – Full member with five thousand (5000) completed polygraph examinations.

Payment Agreement:

I, the undersigned, _____
ID No: _____ do hereby acknowledge that I am truly and lawfully indebted to Polygraph Examiners Association International for the annual member fee of R750.00, payable on or before 31 August annually pending the approval of my application/re-application as a member of the organisation.

Should I cancel my membership of the Polygraph Examiners Association International I understand that any or part of my paid membership fee will not be reimbursed.



Member's Agreement and Release

Consistent with my desire to take personal responsibility for my conduct, individually and as a member of PEAI, I agree to abide by the principles contained in "The Code of Conduct" and Policies & Procedures of the Polygraph Examiners Association International. I will refrain from any form of discrimination, harassment, bullying, derogatory, illegal, or unethical conduct in person and on any social media platforms, and I understand that if I engage in such conduct, I agree to reimburse Polygraph Examiners Association International, or other individuals involved with Polygraph Examiners Association International, for any damages, losses or costs resulting from my conduct and understand that my membership may be suspended. Understanding that Polygraph Examiners Association International programs are conducted by volunteers who cannot be effectively screened or supervised by Polygraph Examiners Association International, I release and discharge Polygraph Examiners Association International, governing bodies, officers, employees, agents, and representatives from any liability for the intentional or negligent acts or omissions of any member or officer of Polygraph Examiners Association International. By submitting this application, I agree to the collection, use and processing of the personal information I provide in this membership application for the purposes of organization administration, payment of my fees, and inclusion of my contact information in a members' directory that will be distributed to members of Polygraph Examiners Association International. By submitting my personal information to Polygraph Examiners Association International, I also agree that my information may be accessed and used by Polygraph Examiners Association International and its members. I agree to notify addresschanges@peai.co.za of any change to my personal information and make requests to check, delete or correct my personal information, so that it is accurate and current. I understand that the majority of the data requested in this application is necessary for administrative and planning purposes and that the failure to provide this information may prevent my application from being properly processed or the inclusion of my contact information in the members directory.

I, _____ have truthfully completed the membership form and understand the contents herein. I acknowledge and understand the payment terms and member's agreement and release.

Signed at _____ on _____ day of _____ 20__.

Signature: _____