

Vietnam Security Police Association Application/Data Sheet

TODAY'S DATE _____

Please PRINT or TYPE clearly, especially your email address.

Complete only the information that you want to share with fellow members.

List the names and addresses of SP's that you have kept in contact with and or those that you would like to locate.

NAME: BRENNAN DAVID L DAVE

ADDRESS: 118 LOPER ST SOUTHINGTON CT 06489-1869

TELEPHONE (860) 276-9291 ()

E-MAIL dave-brennan@sbeglobal.net HOME FAX () WORK (Optional)

PERSONAL RETIRED 18 JAN 46 MAUREEN
Occupation/Retired Birthdate Spouse's Name

DATES OF U.S.A.F. SERVICE JUL 63 to MAY 67 E3
Month / Year Month / Year Rank

1st Tour: (Vietnam)/Thailand MAY 66 to MAY 67 BIEN HOA
Month / Year Month / Year Base(s) (Not Squadron)

2nd Tour: Vietnam/Thailand _____ to _____
Month / Year Month / Year Base(s) (Not Squadron)

3rd Tour in Vietnam/Thailand _____ to _____
Month / Year Month / Year Base(s) (Not Squadron)

NAMES / ADDRESSES OF SP's YOU'VE KEPT IN CONTACT WITH: _____

NAMES / AVAILABLE INFORMATION ON SP's YOU'D LIKE TO LOCATE: _____

HOW DID YOU LEARN ABOUT VSPA? | VSPA Web Site | Veteran Publications | Another SP | Reunion

Dumb luck browsing

IMPORTANT: If you are already a member of VSPA and you receive this form, please fill it out and return so that we can update our records and get you on the mailing list for the "Guardmount" Newsletter. If you are a first time applicant, complete this application and mail it with a COPY of your DD214 to the address below. Include a check made out to VSPA for \$15 annual dues. If you join after July 1st your dues will cover the balance of that year and the following year.

Life Memberships are now available, rates, depending on your age, are available upon request.

MAIL TO: **TERRELL MORRIS**
 W5148 East Bush Road
 Pardeeville, WI 53954-9443
 E-MAIL: incoming@jvlnet.com

The Legacy:
 No Air Base Guarded by USAF AP/SP Squadrons has ever been overran or conquered by an enemy!

MEMBERSHIP APPLICATION FORM

DAY STATE

Please print in this space the name of the person to whom you wish to send the membership card. If you wish to send it to a different address, please print the address of the person to whom you wish to send it.

NAME _____
ADDRESS _____
CITY _____ STATE _____ ZIP _____

DATE OF BIRTH _____
SEX _____
MARRIAGE _____
EDUCATION _____

PROFESSION _____
INDUSTRY _____
EMPLOYER _____

HOW DID YOU HEAR ABOUT THE SERVICE? _____
NAME OF ORGANIZATION OF SERVICE _____
ADDRESS OF SERVICE _____

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CITY _____ STATE _____ ZIP _____

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