

Vietnam Security Police Association Membership Application

1. Please PRINT or TYPE clearly and carefully

Today's Date _____

2. Complete only the information that you want to share with other VSPA members.

Name CARTER MARVIN E GENE
Last First Middle Initial (Nickname or preferred name)

Address 1679 E. BADGER LANE CASA GRANDE AZ 85122
Street (or P.O. Box) City State Zip Code

Best Phone # 505-681-4619 E-mail c.e.carter3@cox.net
(With area code) Please print e-mail address very clearly!

Occupation RETIRED Spouse's Name CHERYL
(Or retired)

Dates of USAF Service: from Aug 1967 to July 1990 Highest Rank E6
Month/Year Month/Year

1st Tour/TDY, Vietnam or Thailand: from Nov 68 to Nov 69 Base DANANG
Month/Year Month/Year (not squadron)

2nd Tour/TDY, Vietnam or Thailand: from _____ to _____ Base _____
Month/Year Month/Year (not squadron)

Specialty QRT TIGER FLT
K-9, Safeside, Heavy Weapons, LE, Augmentee, etc.

If you were K-9 _____
Dog's Name Tattoo # Base Dates

Please use another piece of paper to list other tours, specialties, dogs, etc. as necessary.

Where did you learn about VSPA? (Mark one, if "other" please write in)

VSPA Website Publication Another SP Reunion Flyer _____

Applicants! You must complete this application and mail it with a copy of your DD Form 214 (Certificate of Discharge) showing service in Vietnam or Thailand and duty as an AP, SP or Augmentee, to the address below. If you are not sure about any aspect of your documentation, contact Phil Carroll for assistance. When you apply include a check or money order made out to VSPA for \$15 annual dues, or the Life Membership fee. Life Membership fees vary with your age: Age 51-60, \$160 ~ 61-70, \$130 ~ 71-80, \$90 ~ 81 or over, \$55.

Mail to:
Phil Carroll
VSPA Membership
P.O. Box 8
Gladstone, OR 97027

Questions? Contact VSPA Membership Chairman Phil Carroll
E-mail: k9nightfighter@msn.com
Phone: 503-975-8608

There's more information at our website: www.vspa.com

Virginia Security Police Association Membership Application

NAME: [Handwritten Name]
ADDRESS: [Handwritten Address]
CITY: [Handwritten City]
STATE: [Handwritten State]
ZIP: [Handwritten ZIP]

DATE: [Handwritten Date]
TIME: [Handwritten Time]

PHONE: [Handwritten Phone Number]

EMPLOYER: [Handwritten Employer Name]

OTHER INFORMATION: [Handwritten Notes]

DECLARATION: [Handwritten Declaration]

AGREEMENT: [Handwritten Agreement]

CONTACT INFORMATION: [Handwritten Contact Info]