

LM 883

Vietnam Security Police Association, Inc. Membership Application

1. Please TYPE or PRINT clearly and carefully

Today's Date 09-12-2014

2. All information that you include will be shared with other VSPA members.

Name DAVIS, JOHN (NMI) JOHN Date of Birth (Month/Day) 09/02
Last, First Middle-Initial (Nickname or preferred name) (optional) For Birthday List

Address P.O. BOX 123826 FORT WORTH TX 76121-3826
Street (or P.O. Box) City State Zip Code

Best Phone # (817) 422-3108 E-mail John38broedyahoo.com
(With area code) Please print e-mail address very clearly!

Occupation RETIRED Spouse's Name _____
(Or retired)

Dates of USAF Service: from 07/1 to 10/1978 Highest Rank M5GT
Month/Year Month/Year

1st TOUR/TDY, Vietnam or Thailand: from APRIL 1966 to SEPT 1966 Base PHAN RANG
SEPT 1966 APRIL 1967 VHU CAT
Month/Year Month/Year

2nd TOUR/TDY, Vietnam or Thailand: from JANUARY 1972 to MARCH 1974 Base THAN SAN NHUT
Month/Year Month/Year

Speciality: _____ Awards: BRONZE STAR
K-9; Safeside; Heavy Weapons; LE; Augmentee, etc. Bronze Star (w/V), Silver Star; Purple Heart, Other

If you were in K-9: _____
Dog's Name Tattoo # Base(s) Date(s)

If necessary, please use another piece of paper to list other Vietnam/Thailand tours.

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

VSPA Website Surfing online Publication Another SP Reunion Flyer _____

You **must** complete this application and mail it with a copy of your DD Form 214 (Certificate of Discharge) to the address below (see "Instructions" on page 2 of this application for more details). When applying, include a check or money order made out to VSPA for \$15 annual dues, or the Life Membership fee (below).

Life Membership fees vary with your age: Age 51-60, \$160 * 61-70, \$130 * 71-80, \$90 * 81 or over, \$55.

Questions? Can't find your DD-214?

Contact VSPA Membership Chairman [Phil Carroll](#) (503-975-8608), or mail questions/application to: [Phil Carroll, P.O. Box 8, Gladstone, OR 97027.](#)

Virginia Security Police Association, Inc. Membership Application

Please Print or Type Name and Address

All information that you indicate will be shared with other VSPA members

Name: _____
Address: _____
City: _____ State: _____ Zip: _____

Business Address: _____
City: _____ State: _____ Zip: _____

Home Address: _____
City: _____ State: _____ Zip: _____

Telephone: _____
E-mail: _____

How did you learn about VSPA? _____

Are you currently a member of another law enforcement organization? _____

What is your current position? _____

How long have you been in your current position? _____

Are you currently employed? _____

How long have you been employed? _____

What is your primary duty? _____

You must complete this application and mail it with a copy of your ID card (a minimum of 30 days old) to the address below (see page 2 of this application for more details). An application fee of \$15.00 is required. A check or money order made out to VSPA on 21st Avenue, Inc. is the preferred method of payment.

This membership fee varies with your age: Age 18-20 \$15.00, Age 21-29 \$20.00, Age 30-39 \$25.00, Age 40-49 \$30.00, Age 50-59 \$35.00, Age 60-69 \$40.00, Age 70-79 \$45.00, Age 80-89 \$50.00, Age 90-99 \$55.00.

Send VSPA Membership Contributions to: VSPA Membership Department, 21st Avenue, Inc., 10000 21st Avenue, Fairfax, VA 22033. Phone: (703) 261-1111. Fax: (703) 261-1112.