

Vietnam Security Police Association Membership Application

1. Please PRINT or TYPE clearly and carefully

Today's Date 4-20-10

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

Name DeArment James A. Jim
Last First Middle Initial (Nickname or preferred name)

Address 524 Geiger Ave S.W Massillon Ohio 44647
Street (or P.O. Box) City State Zip Code

Best Phone # 330-837 3252 E-mail JIM3STEPH3@SSS.NET.COM
(With area code) Please print e-mail address very clearly!

Occupation Retired Spouse's Name STEPHANIE
(Or retired)

Dates of USAF Service: from AUG 66 to AUG 70 Highest Rank Sgt E-4
Month/Year Month/Year

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

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

Specialty SECURITY
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

Vietnam Security Police Association Membership Application

1. Please PRINT on the reverse and carefully

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

Name: _____
 Last _____ Middle Initial _____ First _____
 (Please include maiden name if applicable)

Address: _____
 Street (or P. Box) _____ City _____ State _____ Zip Code _____

Best Phone # _____ (With area code)
 Placement of mail address (if different)

Occupation: _____ (Optional)
 Spouse's Name: _____

Date of last service from _____ to _____
 Month/Year Month/Year
 Highest Rank: _____

1st Tour (DY, Vietnam or Thailand): from _____ to _____
 Month/Year Month/Year
 Base (not equipment): _____

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

Specialty: _____
 (e.g., Safeside, Heavy Weapons, I.E. Augmentee, etc.)

If you were SO: _____
 Dog 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 Unknown Other

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 M, 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 the 12 annual dues of the VSPA membership fee. The VSPA membership fee may vary with your age: Age 21-60 \$100 - 61-70 \$130 - 71-80 \$200 - 81 or over \$250

Phil Carroll
 VSPA Membership
 P.O. Box 2
 Charleston, OR 97024
 Phone: 503-573-8008
 E-mail: phil@vspainfo.com
 Questions? Contact VSPA Membership Chairman Phil Carroll

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