

Vietnam Security Police Association Membership Application

1. Please **PRINT** or **TYPE** clearly and carefully

Today's Date _____

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

Name HAPEMAN Richard D. Rick
Last First Middle Initial (Nickname or preferred name)

Address 1043 Bridgeport Way Leland, N.C. 28451
Street (or P.O. Box) City State Zip Code

Best Phone # 910-599-2316 E-mail RHSNAP2@GMAIL.COM
(With area code) Please print e-mail address very clearly!

Occupation Retired Spouse's Name Beverly
(Or retired)

Dates of USAF Service: from 3/65 to 1/69 Highest Rank A1C
Month/Year Month/Year

1st Tour/TDY, Vietnam or Thailand: from 9/66 to 9/67 Base DANANG, Monday MTO.
Month/Year Month/Year

2nd Tour/TDY, Vietnam or Thailand: from 7/68 to 12/68 Base PHAN-RANG, BAN MET HO.
Month/Year Month/Year

Specialty Safeside Awards A.F. Commendation
K-9, Safeside, Heavy Weapons, LE, Augmentee, etc. Bronze or Silver Star, Purple Heart, 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. if you need to.

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) to the address below (see "Instructions" on page 2 of this application for more details). 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.

Questions? Can't find your DD-214? Contact Membership Chairman: Bill Marshall

E-Mail: BillMarshallVSPALM85@gmail.com

Phone: 949-388-5664

Mail this application to: Bill Marshall, 578 Spring Brook East, Westerville, OH 43081

International Brotherhood of Police Officers

Application for Membership Form

Applicant's Name: [Handwritten Name]

Address: [Handwritten Address]

City: [Handwritten City]

State: [Handwritten State]

Occupation: [Handwritten Occupation]

Employer: [Handwritten Employer]

Reference: [Handwritten Reference]

Signature: [Handwritten Signature]

Date: [Handwritten Date]

Applicant's Signature: [Handwritten Signature]

Applicant's Address: [Handwritten Address]

Applicant's City: [Handwritten City]

Applicant's State: [Handwritten State]

Applicant's Occupation: [Handwritten Occupation]

Applicant's Employer: [Handwritten Employer]

Applicant's Reference: [Handwritten Reference]

Applicant's Signature: [Handwritten Signature]

Applicant's Address: [Handwritten Address]