

# Vietnam Security Police Association, Inc. Membership Application

1. Please TYPE or PRINT clearly and carefully

Today's Date 8-12-14

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

Name HUDSON EDDIE A. (Hopalong) Date of Birth (Month/Day) 3/48  
Last, First Middle-Initial (Nickname or preferred name) (optional) For Birthday List

Address 640 MORGAN RIDGE RD FAIRMONT WV 26554-8861  
Street (or P.O. Box) City State Zip Code

Best Phone # (304) 677-9166 E-mail \_\_\_\_\_  
(With area code) Please print e-mail address very clearly!

Occupation \_\_\_\_\_ Spouse's Name MARY  
(Or retired)

Dates of USAF Service: from Aug. 67 to Feb. 71 Highest Rank Sgt.  
Month/Year Month/Year

1<sup>st</sup> TOUR/TDY, Vietnam or Thailand: from Feb. 70 to Feb. 71 Base UBON RTAB  
Month/Year Month/Year

2<sup>nd</sup> TOUR/TDY, Vietnam or Thailand: from \_\_\_\_\_ to \_\_\_\_\_ Base \_\_\_\_\_  
Month/Year Month/Year

Specialty: K-9 Awards: NDSM, VSM, RVCM, AFGCM  
K-9; Safeside; Heavy Weapons; LE; Augmentee, etc. Bronze Star (w/V), Silver Star; Purple Heart, Other

If you were in K-9: REBEL 8M12 UBON-RTAB 70-71  
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.

Warrant for the Police Association, Inc. Membership Application

1-1-78

Member's Name

1. Please TYPE or PRINT clearly and legibly

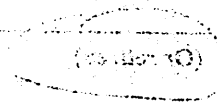
2. All information that you include will be shown with other VISA members

Name Edwin A. [unclear]  
First and last name (Last name first)

Address 1111 [unclear] St. [unclear]  
Street (not P.O. Box) City State Zip

Home Phone [unclear]  
(With area code)

Occupation [unclear]



Place of Birth [unclear]  
Month Year

1. COUNTY, Name of Tribunal, Month Year  
[unclear]

2nd COUNTY, Name of Tribunal, Month Year  
[unclear]

3rd COUNTY, Name of Tribunal, Month Year  
[unclear]

4th COUNTY, Name of Tribunal, Month Year  
[unclear]

5th COUNTY, Name of Tribunal, Month Year  
[unclear]

6th COUNTY, Name of Tribunal, Month Year  
[unclear]

7th COUNTY, Name of Tribunal, Month Year  
[unclear]

8th COUNTY, Name of Tribunal, Month Year  
[unclear]

9th COUNTY, Name of Tribunal, Month Year  
[unclear]