

Vietnam Security Police Association Membership Application

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

Today's Date 09-27-13

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

Name IRISH THOMAS J.
Last First Middle Initial (Nickname or preferred name)

Address 3520 MILLER FARMS LN. DULUTH, GA 30096
Street (or P.O. Box) City State Zip Code

Best Phone # 470 545 0542 E-mail Irish47@hotmail.com
(With area code) Please print e-mail address very clearly!

Occupation Retired Spouse's Name PATRICIA
(Or retired)

Dates of USAF Service: from 23 May 66 to 1 Aug 90 Highest Rank E-7 MSGT.
Month/Year Month/Year

1st Tour/TDY, Vietnam or Thailand: from 03/67 to 05/67 Base Phu Cat Run
Month/Year Month/Year

~~2nd~~ Tour/TDY, Vietnam or Thailand: from 05/67 to 10-68 Base TSN
Month/Year Month/Year

Specialty LE Awards _____
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



PAIN & SPINE CENTER
NORTH FULTON HOSPITAL

PHYSICIAN INFORMATION SHEET

Physician Name: _____

Specialty: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Primary Care Physician: _____

Referral Source: _____

Referral Date: _____

Referral Reason: _____

Referral Status: _____

Referral Notes: _____

Referral Instructions: _____

Referral Contact: _____

Referral Approval: _____

Referral Denial: _____

Referral Appeal: _____

Referral Rejection: _____

Referral Cancellation: _____

Referral Renewal: _____