

Vietnam Security Police Association Application/Data Sheet

1. Please **PRINT** or **TYPE** clearly, especially your email address.
2. Complete only the information that you want to share with fellow members.
3. List the names and addresses of SP's that you have kept in contact with and or those that you would like to locate.

TODAY'S DATE 11/17/05

NAME: Langley John D
LAST FIRST M.I. NICKNAME

ADDRESS: 92170 Wilkinson Rd Lee Centen N.Y. 13363
STREET CITY STATE ZIP CODE

TELEPHONE (315) 337-0878 ()
HOME WORK (optional)

E-MAIL _____ FAX () _____
IF APPLICABLE "PRINT CAREFULLY" IF APPLICABLE

PERSONAL Retired 11/14/48 JANA
OCCUPATION or RETIRED BIRTHDAY SPOUSE'S NAME

DATES OF U.S.A.F. SERVICE 5 67 to 5 71 1 Sgt E-4
MONTH YEAR MONTH YEAR RANK

1st Tour in Vietnam/Thailand 3 69 to 2 70 CAM RANH BAY
MONTH YEAR MONTH YEAR BASE (NOT SQUADRON)

2nd Tour or TDY _____ to _____
MONTH YEAR MONTH YEAR BASE

3rd Tour (If Applicable) _____ to _____
MONTH YEAR MONTH YEAR BASE

NAMES / ADDRESSES OF SP's YOU'VE KEPT IN CONTACT WITH:

HARRY Livingston Rome N.Y.
DAN Rooney Rome NY

NAMES / AVAILABLE INFORMATION ON SP's YOU'D LIKE TO LOCATE:

Bob Meyers Iowa

WHERE DID YOU LEARN ABOUT VSPA?

- VSPA Web Site Veteran Publications Another SP Veteran's Reunion Other

IMPORTANT: If you are already a member of VSPA and you receive this form, please fill it out and return so that we can update our records and get you on the mailing list for the "Guardmount" Newsletter. If you are a first time applicant, complete this application and mail it with a **COPY of your DD214** to the address below. Include a check made out to V.S.P.A. for \$15 annual dues. If you join after July 1st your dues will cover the balance of that year and the following year. Life Memberships are now available, rates, depending on your age, are available upon request.

MAIL TO: **TERRELL MORRIS**
W5148 East Bush Road
Pardeeville, WI 53954-9443

E-MAIL incoming@jvlnet.com

Victim Security Service Association Application Form

PLEASE PRINT CLEARLY IN INK OR TYPE ON A SEPARATE SHEET OF PAPER. THIS INFORMATION IS FOR THE USE OF THE ASSOCIATION AND WILL BE KEPT CONFIDENTIAL.

NAME: [REDACTED]
ADDRESS: [REDACTED]
CITY: [REDACTED]
STATE: [REDACTED]
ZIP: [REDACTED]
PHONE: [REDACTED]

DATE OF BIRTH: [REDACTED]
MARRIED: [REDACTED]
CHILDREN: [REDACTED]

DATE OF LAST SERVICE: [REDACTED]
MILITARY BRANCH: [REDACTED]
GRADE: [REDACTED]

TYPE OF SERVICE: [REDACTED]
MILITARY UNIT: [REDACTED]
MILITARY ADDRESS: [REDACTED]

REASON FOR SERVICE: [REDACTED]
MILITARY NUMBER: [REDACTED]
MILITARY ADDRESS: [REDACTED]

NAME OF SERVICE: [REDACTED]
MILITARY ADDRESS: [REDACTED]
MILITARY ADDRESS: [REDACTED]

WILL YOU BE ABLE TO RECALL THE NAME OF THE SERVICE? [REDACTED]
MILITARY ADDRESS: [REDACTED]
MILITARY ADDRESS: [REDACTED]

WILL YOU BE ABLE TO RECALL THE NAME OF THE SERVICE? [REDACTED]
MILITARY ADDRESS: [REDACTED]
MILITARY ADDRESS: [REDACTED]

WILL YOU BE ABLE TO RECALL THE NAME OF THE SERVICE? [REDACTED]
MILITARY ADDRESS: [REDACTED]
MILITARY ADDRESS: [REDACTED]