

Do we come

Vietnam Security Police Association Membership Application

1. Please PRINT or TYPE clearly and carefully

Today's Date 1-22-2018

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

Name LISK CLINTON L. CLINT
Last First Middle Initial (Nickname or preferred name)

Address 345 NORTH STAR LN SEDONA AZ 86336-3808
Street (or P.O. Box) City State Zip Code

Best Phone # 928-301-1147 E-mail REDROCKS879@GMAIL.COM
(With area code) Please print e-mail address very clearly!

Occupation RETIRED Spouse's Name CATHY
(Or retired)

Dates of USAF Service: from 6/64 to 11/70 Highest Rank E-5
Month/Year Month/Year

1st Tour/TDY, Vietnam or Thailand: from 8/68 to 3/69 Base PHAN RANG + BIEN HOA
Month/Year Month/Year

2nd Tour/TDY, Vietnam or Thailand: from _____ to _____ Base _____
Month/Year Month/Year

Specialty SAFESIDE (822ND CSAS) 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 _____

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 VSPA Membership Chairman Paul Shave

E-Mail: paul_shave@hotmail.com Phone: 505-831-9401

Mail to: Paul Shave, 3540 Luke Cir, NW Albuquerque, NM 87107

Application for Membership in the Association

Name: John A. Smith Address: 123 Main St, New York, NY

Occupation: Business Executive Date of Birth: 01/15/1925

References: Mr. J. Doe, 456 Park Ave, New York, NY

Signature: [Signature] Date: 10/10/1950

Accepted by: [Signature] Secretary

Witness: [Signature] Date: 10/10/1950

Witness: [Signature] Date: 10/10/1950

Witness: [Signature] Date: 10/10/1950

Witness: [Signature] Date: 10/10/1950

Witness: [Signature] Date: 10/10/1950

Witness: [Signature] Date: 10/10/1950

Witness: [Signature] Date: 10/10/1950

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