

Vietnam Security Police Association Application

Print this Form on your Printer.

Please PRINT or TYPE your information clearly.

Complete only the information that you want to share with fellow members.

- 4. List names and known addresses of SP's that you have kept in contact with and list buddies that you would like to locate again, listing any information that you can recall. First name, middle initial, home state, spouses name etc. Service/Social Security Number from old orders are extremely helpful.
- 5. Enclose a copy of your DD214 (It will be archived and not be returned).

NAME: Martin Byron P.
 LAST FIRST M.I. NICKNAME

ADDRESS: 1030 Salem St, Vista CA 92084
 STREET CITY STATE ZIP CODE

TELEPHONE: (260) 727-9067 ()
 HOME WORK (optional)

E-MAIL : bymart@sdcoe.ca.us ()

PERSONAL : teacher 9/5/45 Elaine
 OCCUPATION or RETIRED BIRTHDAY SPOUSE'S NAME(Optional)

ILLS : _____
 SPECIAL ABILITIES/TALENTS THAT YOU WOULD CONTRIBUTE TO THE VSPA?

DATES OF U.S.A.F. SERVICE : 9/63 to 9/67 = 4yrs
 MONTH/YEAR MONTH/YEAR TOTAL YEARS/MONTHS

South East Asia Duty
 1st TOUR : 11/65 to 11/66 Da Nang K-9 - Hilda (OE47)
 MONTH/YEAR MONTH/YEAR BASE(S)

2nd TOUR or TDY : _____ to _____
 MONTH/YEAR MONTH/YEAR BASE(S)

3rd TOUR or TDY : _____ to _____
 MONTH/YEAR MONTH/YEAR BASE(S)

NAMES / ADDRESSES/Email OF POSSIBLE VSPA RECRUITS:

NAMES OR INFORMATION ON A.P./S.P.s YOU'RE TRYING TO LOCATE:
Lynn Hanson K-9 Da Nang 65-66

Police Association Security Application

Please PRINT or TYPE your information clearly.

1. Please print your name and address as it appears on your driver's license.

2. List names and known addresses of 2's that you have kept in contact with and list

3. First name, middle initial, home state, spouse name etc. Service/Social Security Number

4. First name, middle initial, home state, spouse name etc. Service/Social Security Number

5. Enclose a copy of your DD214 (It will be archived and not be returned).

NAME: LAST FIRST M.I. NICKNAME

ADDRESS: STREET CITY STATE ZIP CODE

EMPLOYER: HOME WORK (optional)

EMAIL: FAX IF APPLICABLE

PERSONAL: OCCUPATION or RETIRED BIRTHDAY SPOUSE'S NAME (optional)

DATE OF U.S. ARMY SERVICE: SPECIAL ABILITIES/TALENTS THAT YOU WOULD CONTRIBUTE TO THE ASPAS

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