

# Vietnam Security Police Association Membership Application

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

Today's Date 3/4/2015

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

Name Mc CABE CHARLES D. CHUCK  
Last First Middle Initial (Nickname or preferred name)

Address 11120 N.W 18<sup>TH</sup> CT. CORAL SPRINGS, FL. 33071  
Street (or P.O. Box) City State Zip Code

Best Phone # 954-536-8420 E-mail WREKOP 2092 @ AOL.COM  
(With area code) Please print e-mail address very clearly!

Occupation RETIRED Spouse's Name N/A  
(Or retired)

Dates of USAF Service: from 9/67 to 9/71 Highest Rank SGT.  
Month/Year Month/Year

1st Tour/TDY, Vietnam or Thailand: from 1/1970 to 12/1970 Base NVA TRAM 6  
Month/Year Month/Year

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

Specialty L.E. Awards N/A  
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](mailto:paul_shave@hotmail.com) Phone: 505-831-9401

Mail to: Paul Shave, 2909 Sol De Vida NW, Albuquerque, NM 87120

CHUCK 7514

2009 National Firearms Association Membership Application

1. Please PRINT on THIS clearly and carefully.  
2. All information that you include will be shared with other VFA members.

Name: Last, First, Middle Initial, Telephone or mobile phone number  
Address: Street (or P.O. Box), City, State, Zip Code  
E-mail address: (With area code)  
Please print e-mail address very clearly.  
Company (if any):  
(If retired)

Date of VFA Service from: Month/Year to Month/Year  
For how long (VFA members or friends) from: Month/Year to Month/Year  
Send form (VFA members or friends) from: Month/Year to Month/Year

Specialty: K-9, Batsman, Heavy Weapons, IT, Ammunition, etc.  
Dog's Name: Breed, Color, Sex, Age

Please use no other piece of paper to fill other than application, registration form and fee.

Do you have a current VFA membership? (If yes, please provide membership number and expiration date.)  
Do you have a current VFA membership? (If yes, please provide membership number and expiration date.)

You must complete this application and mail it with a copy of your ID from the (State or Country) to the address below (see instructions on page 2 of this application for more details). When a copy is received, the membership fee will be processed. The membership fee is \$15.00 - \$25.00 - \$50.00.

Questions? Call your ID-219 Contact VFA Membership Chairman Paul Davis.  
E-mail: paul.davis@vfa.org  
Phone: 703-831-9401