

Vietnam Security Police Association Membership Application

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

Today's Date

~~1-25-17~~ 1-25-17

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

Name McDaniel John L. MAC
Last First Middle Initial (Nickname or preferred name)

Address 915 S. 4th Ave Washington IA 52393-1203
Street (or P.O. Box) City State Zip Code

Best Phone # 319-653-2828 E-mail jdaniel13@gmail.com
(With area code) Please print e-mail address very clearly!

Occupation Retired Spouse's Name Jan McDaniel
(Or retired)

Dates of USAF Service: from Aug 64 to Aug 68 Highest Rank Sgt
Month/Year Month/Year

Retired, Iowa Air National Guard, APR 88, SMSGT

1st Tour/TDY, Vietnam or Thailand: from April 66 to Nov 67 Base Camp Parb Bay
Month/Year Month/Year

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

Specialty _____ 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, 2909 Sol De Vida NW, Albuquerque, NM 87120

Application for Membership in the Association

NAME		ADDRESS		CITY		STATE		ZIP	
[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]	
AGE		SEX		EDUCATION		OCCUPATION		MARRIAGE	
[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]	

Signature of Applicant: _____ Date: _____

Signature of Sponsor: _____ Date: _____

Signature of Secretary: _____ Date: _____

Signature of Treasurer: _____ Date: _____

Signature of President: _____ Date: _____

Signature of Vice President: _____ Date: _____

Signature of Board Member: _____ Date: _____

Signature of Board Member: _____ Date: _____

Signature of Board Member: _____ Date: _____

Signature of Board Member: _____ Date: _____

Signature of Board Member: _____ Date: _____

Signature of Board Member: _____ Date: _____

Signature of Board Member: _____ Date: _____

Signature of Board Member: _____ Date: _____

Signature of Board Member: _____ Date: _____

Signature of Board Member: _____ Date: _____

Signature of Board Member: _____ Date: _____

Signature of Board Member: _____ Date: _____

Signature of Board Member: _____ Date: _____

Signature of Board Member: _____ Date: _____

Signature of Board Member: _____ Date: _____