

1. Please PRINT or TYPE clearly and carefully

Today's Date SEPT. 4, 2013

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

Name Murphy MARTY C
Last First Middle Initial (Nickname or preferred name)

Address 320 North Ave. LEHIGH ACRES FL. 33936
Street (or P.O. Box) City State Zip Code
(AT)

Best Phone # 239-369-6066 E-mail Murphy MDK@AOL.com
(With area code) Please print e-mail address very clearly!

Occupation ELECTRICIAN Spouse's Name Debbie
(Or retired)

Dates of USAF Service: from 9/70 to 6/74 Highest Rank E-4
Month/Year Month/Year

1st Tour/TDY, Vietnam or Thailand: from 4/71 to 4/72 Base TAN SON NHUT
Month/Year Month/Year

2nd Tour/TDY, Vietnam or Thailand: from 6/73 to 6/74 Base UBON
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 _____

Applicants! 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 Membership Chairman: Bill Marshall

E-Mail: BillMarshallVSPALM85@gmail.com **Phone:** 949-388-5664

Mail this application to: Bill Marshall, 578 Spring Brook East, Westerville, OH 43081