

Reg 2738

Vietnam Security Police Association Membership Application

1. Please PRINT or TYPE clearly and carefully Today's Date 8-15-10

2. Complete only the information that you want to share with other VSPA members.

Name Parrett Ronald W. Ron
Last First Middle Initial (Nickname or preferred name)

Address 8722 West Ridge Dr. Belvidere IL 61008
Street (or P.O. Box) City State Zip Code

Best Phone # 815-332-5611 E-mail rparrett47@aol.com
(With area code) Please print e-mail address very clearly!

Occupation Retired Spouse's Name Cheryl
(Or retired)

Dates of USAF Service: from Feb '68 to Dec '71 Highest Rank SSGT
Month/Year Month/Year

1st Tour/TDY, Vietnam or Thailand: from mar '69 to mar '70 Base Phan Rang AB
Month/Year Month/Year (not squadron)

2nd Tour/TDY, Vietnam or Thailand: from _____ to _____ Base _____
Month/Year Month/Year (not squadron)

Specialty Base perimeter security and law enforcement - rotated
K-9, Safeside, Heavy Weapons, LE, Augmentee, 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. as necessary.

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) showing service in Vietnam or Thailand and duty as an AP, SP or Augmentee, to the address below. If you are not sure about any aspect of your documentation, contact Phil Carroll for assistance. 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.

Mail to:
Phil Carroll
VSPA Membership
P.O. Box 8
Gladstone, OR 97027

Questions? Contact VSPA Membership Chairman Phil Carroll
E-mail: k9nightfighter@msn.com
Phone: 503-975-8608

There's more information at our website: www.vspa.com

Interested to learn more about - contact members of the 96th Security Police Squadron.

UNITED STATES DEPARTMENT OF AGRICULTURE

Form 1-60 (Rev. 1-25-57)
Name of Applicant
Address
City
State
Zip
Date of Birth
Sex
Race
Marital Status
Occupation

State of USA: Service from
Mention

1st Party: Name of Applicant
Mention Year

2nd Party: Name of Applicant
Mention Year

3rd Party: Name of Applicant
Mention Year

4th Party: Name of Applicant
Mention Year

5th Party: Name of Applicant
Mention Year

6th Party: Name of Applicant
Mention Year

7th Party: Name of Applicant
Mention Year

8th Party: Name of Applicant
Mention Year

9th Party: Name of Applicant
Mention Year

10th Party: Name of Applicant
Mention Year

11th Party: Name of Applicant
Mention Year

12th Party: Name of Applicant
Mention Year