

LM 931  
COMPLETED (1 JAN 17) Need PKG

# Vietnam Security Police Association Membership Application

1. Please PRINT or TYPE clearly and carefully

Today's Date 12-3-2016

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

Name Richards William A. Bill  
Last First Middle Initial (Nickname or preferred name)

Address 2010 Boca Vista Dr Granbury, Tx 76048  
Street (or P.O. Box) City State Zip Code

Best Phone # 817-559-0031 E-mail golfe@granbury@yahoo.com  
(With area code) Please print e-mail address very clearly!

Occupation retired golf professional Spouse's Name Barbara  
(Or retired) AK

Dates of USAF Service: from Apr, 1965 to Oct, 1968 Highest Rank Airman 1st  
Month/Year Month/Year

1st Tour/TDY, Vietnam or Thailand: from April 68 to Aug, 68 Base Phan Rang AB  
Month/Year Month/Year

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

Specialty HEAVY WEAPONS 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  Pass President-STEVE Gattis

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.  
CK# 149

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

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VIETNAM VETERANS ASSOCIATION

MEMBER INFORMATION SECTION

NAME: [Faded Name] ADDRESS: [Faded Address]

PHONENUMBER: [Faded Number] (714) 444-4444

DATE OF BIRTH: [Faded Date]

DATE OF SERVICE: [Faded Date]

DATE OF DEPARTURE: [Faded Date]

DATE OF REENTRY: [Faded Date]

DATE OF RECEIPT: [Faded Date]

DATE OF PAYMENT: [Faded Date]

DATE OF CANCELLATION: [Faded Date]

DATE OF REINSTATEMENT: [Faded Date]

DATE OF RE-EVALUATION: [Faded Date]

DATE OF RE-APPEAL: [Faded Date]

DATE OF RE-APPEAL: [Faded Date]

DATE OF RE-APPEAL: [Faded Date]