

Vietnam Security Police Association Application/Data Sheet

1. Please PRINT or TYPE clearly, especially your email address.
2. Complete only the information that you want to share with fellow members.
3. List the names and addresses of SP's that you have kept in contact with and or those that you would like to locate.

TODAY'S DATE 10/26/04

NAME: GARLES JOHN E JACK
LAST FIRST M.I. NICKNAME

ADDRESS: 8000 DONORE PL. #18 SAN ANTONIO, TX 78229-2677
STREET CITY STATE ZIP CODE

TELEPHONE (210) 349-4730 ()
HOME WORK (optional)

E-MAIL JGARLES130104@AHO.COM FAX ()
IF APPLICABLE "PRINT CAREFULLY" IF APPLICABLE

PERSONAL UNIVERSITY PROFESSOR 2-25-46 HIAUM
OCCUPATION or RETIRED BIRTHDAY SPOUSE'S NAME

DATES OF U.S.A.F. SERVICE 10 69 to 10 89, E7
MONTH YEAR MONTH YEAR RANK

1st Tour in Vietnam/Thailand 70 to 71 T.N.S.
MONTH YEAR MONTH YEAR BASE (NOT SQUADRON)

2nd Tour or TDY 74 to 75 UBON-KURAT
MONTH YEAR MONTH YEAR BASE

3rd Tour (If Applicable) 75 to 76 UTAPAO
MONTH YEAR MONTH YEAR BASE

NAMES / ADDRESSES OF SP's YOU'VE KEPT IN CONTACT WITH:

NAMES / AVAILABLE INFORMATION ON SP's YOU'D LIKE TO LOCATE:

WHERE DID YOU LEARN ABOUT VSPA?

- VSPA Web Site
 Veteran Publications
 Another SP
 Veteran's Reunion
 Other

IMPORTANT: If you are already a member of VSPA and you receive this form, please fill it out and return so that we can update our records and get you on the mailing list for the "Guardmount" Newsletter. If you are a first time applicant, complete this application and mail it with a **COPY of your DD214** to the address below. Include a check made out to V.S.P.A. for \$15 annual dues. If you join after July 1st your dues will cover the balance of that year and the following year. Life Memberships are now available, rates, depending on your age, are available upon request.

MAIL TO: **TERRELL MORRIS**
W5148 East Bush Road
Pardeeville, WI 53954-9443

E-MAIL incoming@jvl.net

Vietnam Security Police Association Application Form

Please PRINT or TYPE clearly. Enclose your full address. Do not include only the information that you want to share with fellow members. Do not include your address or telephone number if you would like to locate...

NAME: LAST, FIRST, MIDDLE INITIAL, SUFFIX. ADDRESS: STREET, CITY, STATE, ZIP CODE. TELEPHONE: HOME, WORK. E-MAIL: IF APPLICABLE. FAX: IF APPLICABLE.

PERSONAL: OCCUPATION or RETIRED, BIRTHDAY, POSTER'S NAME. DATES OF U.S.A.F. SERVICE: MONTH, YEAR, MONTH, YEAR. 1st Tour in Vietnam (Starting to Base (NOT SOURCE)): MONTH, YEAR, MONTH, YEAR. 2nd Tour of TDY: MONTH, YEAR, MONTH, YEAR. 3rd Tour (If Applicable): MONTH, YEAR, MONTH, YEAR.

NAMES / ADDRESSES OF SP's YOU'VE KEPT IN CONTACT WITH:

NAMES / AVAILABLE INFORMATION ON SP's YOU'D LIKE TO LOCATE:

WHERE DID YOU LEARN ABOUT VSAPA?

VSAPA Web Site, Veteran Publications, Another SP, Veteran's Relation, Other. IMPORTANT: If you are already a member of VSAPA and you know of this form, please fill it out... MAIL TO: TERRELL MORRIS, 4501 East Bush Road, Fort Worth, TX 76104-9443