

CASHIER CK 90⁰⁰
RCD 2/15/20
LIFE MMBR 1002
AUG COIN 2124

Vietnam Security Police Association Membership Application

1. Please PRINT or TYPE clearly and carefully

Today's Date 2/3/20

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

Name SANCHEZ, FERNANDO LUIS "NANDY"
Last First Middle Initial (Nickname or preferred name)

Address 3455 E. TREMONT AVE., BRONX, N.Y. 10465-2015
Street (or P.O. Box) City State Zip Code

Best Phone # 917) 795-3302 E-mail FINENE@YAHOO.COM
(With area code) Please print e-mail address very clearly!

Occupation RETIRED Spouse's Name MARIA
(Or retired)

Dates of USAF Service: from 8/19/65 to 2/6/70 Highest Rank A2C
Month/Year Month/Year

1st Tour/TDY, Vietnam or Thailand: from NOV 66 to NOV 67 Base NHA TRANG
Month/Year Month/Year

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

Specialty _____ Awards NDM, VSM, VCM, AFGCM
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, 3540 Luke Cir, NW Albuquerque, NM 87107

NAME: [REDACTED] ADDRESS: [REDACTED]

E-MAIL: [REDACTED] PHONE: 202-831-0401

QUESTIONS: Call and ask DD-STATS contact VSPVA Membership Chairman and please

The Membership fees vary with your age: Age 21-30 \$100 - 31-40 \$120 - 41-50 \$200 - 51-60 \$250 - 61-70 \$300 - 71-80 \$350 - 81-90 \$400 - 91-100 \$450

check or money order made out to VSPVA for \$12 annual dues of the VSPVA Membership fee the address below (see "instructions" on back of this application for more details) When you apply, please a Don't forget to complete this application and mail it with a copy of your DD Form 314 (Certificate of Residency) to

VSPVA Website Application Address Religion Other

Where did you learn about VSPVA? (Check one if "other", please write-in)

Please use another piece of paper to list other organizations, hobbies, etc. if you wish to

NAME: [REDACTED] ADDRESS: [REDACTED] PHONE: [REDACTED] E-MAIL: [REDACTED]

DATE OF BIRTH: [REDACTED] DATE OF DEATH: [REDACTED] PLACE OF BIRTH: [REDACTED] PLACE OF DEATH: [REDACTED]

DATE OF BIRTH: [REDACTED] DATE OF DEATH: [REDACTED] PLACE OF BIRTH: [REDACTED] PLACE OF DEATH: [REDACTED]

DATE OF BIRTH: [REDACTED] DATE OF DEATH: [REDACTED] PLACE OF BIRTH: [REDACTED] PLACE OF DEATH: [REDACTED]

DATE OF BIRTH: [REDACTED] DATE OF DEATH: [REDACTED] PLACE OF BIRTH: [REDACTED] PLACE OF DEATH: [REDACTED]

OCCUPATION: [REDACTED] GROUP'S NAME: [REDACTED]

BEST PHONE #: [REDACTED] E-MAIL: [REDACTED]

ADDRESS: [REDACTED] CITY: [REDACTED] STATE: [REDACTED] ZIP CODE: [REDACTED]

NAME: [REDACTED] ADDRESS: [REDACTED] CITY: [REDACTED] STATE: [REDACTED] ZIP CODE: [REDACTED]

I have PRINT or TYPE clearly and correctly Today's Date: [REDACTED]

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[Handwritten signatures and stamps at the bottom of the page]