

Vietnam Security Police Association, Inc. Membership Application

1. Please TYPE or PRINT clearly and carefully

Today's Date 4-8-2014

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

Name SEVIER, GEORGE R. "RON" Date of Birth (Month/Day) 5 / 29
Last, First Middle-Initial (Nickname or preferred name) (optional) For Birthday List

Address 3670 OLGA LEE DR. BATON ROUGE, LA. 70816
Street (or P.O. Box) City State Zip Code

Best Phone # (225) 752-8009 E-mail DOGMAN6667@GMAIL.COM
(With area code) Please print e-mail address very clearly!

Occupation RETIRED Spouse's Name N/A
(Or retired)

Dates of USAF Service: from 1 / 63 to 2 / 71 Highest Rank E-4
Month/Year Month/Year

1st TOUR/TDY, Vietnam or Thailand: from 1-66 to 1 / 67 Base PHAN RANG PHU CAT
Month/Year Month/Year

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

Speciality: K-9 HANDLER Awards: AF COMMENDATION MEDAL
K-9; Safeside; Heavy Weapons; LE; Augmentee, etc. Bronze Star (w/V), Silver Star; Purple Heart, Other

If you were in K-9: COLONEL 854 F PHAN RANG 1-66
Dog's Name Tattoo # Base(s) Date(s)
PHU CAT TO 1-67

If necessary, please use another piece of paper to list other Vietnam/Thailand tours.

How did you learn about VSPA? (Mark one, if "other" please write-in)
 VSPA Website Surfing online Publication Another SP Reunion Flyer MEMBER LARRY GANDY

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 applying, include a check or money order made out to VSPA for \$15 annual dues, or the Life Membership fee (below).

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 Phil Carroll (503-975-8608), or mail questions/application to:
Phil Carroll, P.O. Box 8, Gladstone, OR 97027.

Application for membership in the Association

Name: [Name] Address: [Address] City: [City] State: [State] Zip: [Zip]

"100"

Signature: [Signature] Date: [Date]

Organization: [Organization] (Official Seal)

Notes: [Notes]

Remarks: [Remarks]

Comments: [Comments]

Additional Information: [Additional Information]

Approval: [Approval]

Signature: [Signature]

Date: [Date]

Organization: [Organization]

Address: [Address]

City: [City] State: [State] Zip: [Zip]

Phone: [Phone]

Other: [Other]