

Vietnam Security Police Association Application

1. Print this Form on your Printer.
2. Please PRINT or TYPE your information clearly.
3. Complete only the information that you want to share with fellow members.
4. List names and known addresses of SP's that you have kept in contact with and li buddies that you would like to locate again, listing any information that you ca First name, middle initial, home state, spouses name etc. Service/Social Securit from old orders are extremely helpful.
5. Enclose a copy of your DD214 (It will be archived and not be returned).

NAME: SHEPHERD JAMES B. SHEP
LAST FIRST M.I. NICKNAME

ADDRESS: 400 EAST HOLSTON AVE, JOHNSON CITY TN 37601
STREET CITY STATE ZIP CODE

TELEPHONE: (423) 928-4465 ()
HOME WORK (optional)

E-MAIL : hombtec@exicte.com ()

PERSONAL : POLICE OFFICER / Bomb TECHNIAN 09-10-48
OCCUPATION or RETIRED BIRTHDAY SPOUSE'S NAME (Optional)

SKILLS : SPECIAL ABILITIES/TALENTS THAT YOU WOULD CONTRIBUTE TO THE VSPA?

DATES OF U.S.A.F. SERVICE : 10 67 to 7 71 = 3yr 9mo.
MONTH/YEAR MONTH/YEAR TOTAL YEARS/MONTHS

South East Asia Duty
 1st TOUR : 10/68 to 8/69 TDY HOA, RVN 31ST SPS / LE
MONTH/YEAR MONTH/YEAR BASE(S)

2nd TOUR or TDY : _____ to _____
MONTH/YEAR MONTH/YEAR BASE(S)

3rd TOUR or TDY : _____ to _____
MONTH/YEAR MONTH/YEAR BASE(S)

NAMES / ADDRESSES/Email OF POSSIBLE VSPA RECRUITS:

NAMES OR INFORMATION ON A.P./S.P.s YOU'RE TRYING TO LOCATE:

IMPORTANT: If you are a V.S.P.A. member, please complete and return the form so tha can update our records. Use the back for additional names/comments. If you are not member, please complete the form, enclose a COPY of your DD214, and a check for \$10 the membership chairman. If you send the fee in after July 1st, add one dollar for remaining month of the year and you will be paid up until 12/31 of the following ye Renewals are due Jan. 1st each year.

Make checks payable to: The Vietnam Security Police Association, and mail t Terrell Morris W5148 East Bush Road Pardeeville, WI 53954-9443

(No veteran will be denied membership if money for dues is a problem. If it is, the

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5. Enclose a copy of your SP's ID if it will be provided and not be returned.

NAME: _____
 LAST FIRST MIDDLE

ADDRESS: _____
 STREET CITY STATE ZIP

TELEPHONE: _____
 HOME (local area)

E-MAIL: _____
 IF APPLICABLE

PROFESSION: _____
 OCCUPATION OF INTEREST

SKILLS: _____
 SPECIAL ABILITIES: _____

UNITED STATES OF AMERICA: _____
 MONTH YEAR TOTAL MEMBERSHIP

1st TOUR: _____
 MONTH YEAR MONTH YEAR

2nd TOUR: _____
 MONTH YEAR MONTH YEAR

3rd TOUR: _____
 MONTH YEAR MONTH YEAR

OTHER ADDRESS: _____

NAME OR INFORMATION ON A.V.P. TO BE CONTACTED:

MEMBERSHIP: If you are a V.S.P. member, please enclose and return the form to the
 our office our number. Do not send any additional names/addresses. If you are not
 member, please enclose the form and a copy of your DD Form 1 and a check for \$5.
 the membership amount. If you have the fee in order, this fee will be added to the
 membership amount of the year and you will be good to go until 12/31. If the fee is not
 received by the end of each year.

NAME CHECKS payable to the Vietnam Security Police Association, and mail to:
 Vietnam Security Police Association
 P.O. Box 1000
 Fort Belvoir, WA 98007-1000