

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 8-5-07

Name: Smith ARTHUR E. ART
Last First M.I. Nickname

Address: 8548 HOWARD DR Celina OHIO 45822
Street (or P.O. Box) City State Zip Code

Telephone (419) 394-9357 (419) 305-4374
Home ~~Work (optional)~~ CELL

E-Mail DORIE44@WOH.RR.Com FAX ()
If Applicable

PLEASE PRINT VERY CAREFULLY

Personal semi driven Social Security Disability 7-26-49 DORIE
Occupation (or Retired) Birth Date Spouse's Name

Dates of U.S.A.F. Service MAY 1969 to MAY 1973 SGT E-4
Month / Year Month / Year Highest Rank

1st Tour in Vietnam/Thailand MAY 1970 to MAY 1971 NAKHOH PHANOM RTAFB
Month / Year Month / Year Base (Not Squadron!)

2nd Tour or TDY _____ to _____
Month / Year Month / Year Base

SPECIALTY (K-9, Safeside, Heavy Weapons, etc.) HEAVY WEAPONS

IF YOU WERE K-9: _____
Dog's Name Tattoo # Base From Month / Year To Month / Year

Names and addresses of AP's or SP's you've kept in contact with:

Names and available info on AP's or SP's you would like to find:
DANIEL (DANNY) BURELL (SP)

Please list other tours, specialties, dogs, friends, etc. on the back of this form!

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 or on the VSPA website.

MAIL TO: **Phil Carroll**
P.O. Box 8
Gladstone, OR 97027

E-Mail: k9nightfighter@msn.com

Vietnam Security Police Association Application Card

1. This card is for the Vietnam Security Police Association. It is not to be used for any other purpose. 2. The information on this card is for the use of the Vietnam Security Police Association only. 3. The information on this card is for the use of the Vietnam Security Police Association only.

Name: Last: [Handwritten] First: [Handwritten] Middle: [Handwritten]

Address: Street (or P.O. Box): [Handwritten] City: [Handwritten] State: [Handwritten] Zip Code: [Handwritten]

Telephone: Home: [Handwritten] Work: [Handwritten] (Area Code) [Handwritten]

E-Mail: [Handwritten] (PLEASE PRINT WITH CAREFULLY)

Occupation (or Retired): [Handwritten] Service Branch: [Handwritten]

Date of U.S. Service: Month: [Handwritten] Year: [Handwritten] to Month: [Handwritten] Year: [Handwritten]

For a Vietnam Veterans' Association, please list the name, address, and telephone number of the nearest association to you. Name: [Handwritten] Address: [Handwritten] Telephone: [Handwritten]

For a Vietnam Veterans' Association, please list the name, address, and telephone number of the nearest association to you. Name: [Handwritten] Address: [Handwritten] Telephone: [Handwritten]

IF YOU WERE K-9: Dog's name: [Handwritten] Breed: [Handwritten] From (Month/Year): [Handwritten] To (Month/Year): [Handwritten]

Names and addresses of ARAs or ARSs you would like to meet: [Handwritten]

Names and addresses of ARAs or ARSs you would like to meet: [Handwritten]

Names and addresses of ARAs or ARSs you would like to meet: [Handwritten]

Please list other local associations, clubs, friends, etc. on the back of this form. [Handwritten]

Where did you learn about VSPA? [Handwritten]

VSPA Web Site: [Handwritten] Vietnam Information: [Handwritten] Another SP: [Handwritten] Vietnam's History: [Handwritten] Other: [Handwritten]

IMPORTANT: If you are already a member of VSPA and you receive this form please fill in the appropriate boxes and return it to the VSPA office. If you are not a member of VSPA, please fill in the appropriate boxes and return it to the VSPA office. If you are not a member of VSPA, please fill in the appropriate boxes and return it to the VSPA office.

Mail to: Bill Conroy, 575 1st St, Cleveland, OH 44115