

LM 731

Vietnam Security Police Association Membership Application

1. Please PRINT or TYPE clearly and carefully

Today's Date 2/20/12

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

Name SOMMERS ROBERT E. II (Bob)
Last First Middle Initial (Nickname or preferred name)

Address 2426 COUNTRY SQUIRE Lane TOLEDO OHIO 43615
Street (or P.O. Box) City State Zip Code

Best Phone # 419-531-7909 E-mail rsomm@buckeye-express.com
(With area code) Please print e-mail address very clearly!

Occupation Retired (CITY OF TOLEDO) FIREFIGHTER Spouse's Name Susan
(Or retired)

Dates of USAF Service: from Apr/1968 to Jul/72 Highest Rank SSGT (E-5)
Month/Year Month/Year

1st Tour/TDY, Vietnam or Thailand: from NOV/69 to NOV/70 Base Bien Hoa
Month/Year Month/Year

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

Specialty _____ Awards Air Force Commendation Medal
K-9, Safeside, Heavy Weapons, LE, Augmentee, etc. Bronze or Silver Star, Purple Heart, etc.

If you were K-9 No
Dog's Name Tattoo # Base Dates

Please use another piece of paper to list other tours, specialties, dogs, etc. as necessary.

Where did you learn about VSPA? (Mark one, if "other" please write in)

VSPA Website Publication Another SP Reunion Flyer _____

Applicants! You must complete this application and mail it with a copy of your DD Form 214 (Certificate of Discharge) showing discharge under honorable conditions, service in Vietnam or Thailand and duty as an AP, SP or Augmentee, to the address below. Please remove your Social Security Account Number (SSAN) from the DD-214. If you are not sure about any aspect of your documentation, contact Bill Marshall for assistance. 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 Membership Chairman: Bill Marshall

E-Mail: BillMarshallVSPALM85@gmail.com

Phone: 949-388-5664

Mail this application to: Bill Marshall, 24450 Alta Vista Dr., Dana Point, CA 92629

THE UNIVERSITY OF CHICAGO

1. Name of the donor: [Handwritten Name]

2. Address of the donor: [Handwritten Address]

3. City and State: [Handwritten City and State]

4. Occupation: [Handwritten Occupation]

5. Date of birth: [Handwritten Date]

6. Signature: [Handwritten Signature]

7. Date of contribution: [Handwritten Date]

8. Amount of contribution: [Handwritten Amount]

9. Name of the recipient: [Handwritten Name]

10. Address of the recipient: [Handwritten Address]

11. City and State: [Handwritten City and State]

12. Occupation: [Handwritten Occupation]

13. Date of contribution: [Handwritten Date]

14. Amount of contribution: [Handwritten Amount]

15. Name of the recipient: [Handwritten Name]

16. Address of the recipient: [Handwritten Address]

17. City and State: [Handwritten City and State]

18. Occupation: [Handwritten Occupation]

19. Date of contribution: [Handwritten Date]

20. Amount of contribution: [Handwritten Amount]