

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 Oct 5, 2005

NAME: WADE JR. William H Bill
LAST FIRST M.I. NICKNAME

ADDRESS: 20 Sandy Ln. Hamilton Twp. N.J. 08610
STREET CITY STATE ZIP CODE

TELEPHONE (609) 585-8597 ()
HOME WORK (optional)

E-MAIL JACKS1155@AOL.COM FAX ()
IF APPLICABLE "PRINT CAREFULLY" IF APPLICABLE

PERSONAL Correction Officer 7-1-47 Elizabeth V. WADE
OCCUPATION or RETIRED BIRTHDAY SPOUSE'S NAME

DATES OF U.S.A.F. SERVICE Aug 1966 to Aug 1970 / Sgt.
MONTH YEAR MONTH YEAR RANK

1st Tour in Vietnam/Thailand Nov 67 to Nov 68 TSN
MONTH YEAR MONTH YEAR BASE (NOT SQUADRON)

2nd Tour or TDY _____ to _____
MONTH YEAR MONTH YEAR BASE

3rd Tour (If Applicable) _____ to _____
MONTH YEAR MONTH YEAR BASE

NAMES / ADDRESSES OF SP's YOU'VE KEPT IN CONTACT WITH:
LARRY BLADES / MARYLAND

NAMES / AVAILABLE INFORMATION ON SP's YOU'D LIKE TO LOCATE:

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.

MAIL TO: **TERRELL MORRIS**
W5148 East Bush Road
Pardeeville, WI 53954-9443

E-MAIL incoming@jvlnet.com

10-10-68

UNITED STATES DEPARTMENT OF JUSTICE

PLEASE PRINT OR TYPE CLEARLY AND LEGIBLY

NAME (Last, First, Middle Initial) _____

ADDRESS (Street, Apt. No., Box No., P.O. No., City, State, Zip) _____

TELEPHONE (Area Code and Number) _____

DATE OF BIRTH (Month, Day, Year) _____

EDUCATION (School, Degree) _____

EMPLOYMENT (Employer, Position) _____

DATE OF U.S.A. SERVICE (Month, Day, Year) _____

DATE OF DEPARTURE (Month, Day, Year) _____

DATE OF RETURN (Month, Day, Year) _____

DATE OF ENTRY (Month, Day, Year) _____

NAME AND ADDRESS OF PERSON YOU'VE KEPT IN CONTACT WITH _____

NAME AND ADDRESS OF PERSON YOU'VE CONTACTED _____

DATE OF DEPARTURE (Month, Day, Year) _____

DATE OF RETURN (Month, Day, Year) _____

DATE OF ENTRY (Month, Day, Year) _____

DATE OF DEPARTURE (Month, Day, Year) _____