

Vietnam Security Police Association Membership Application

1. Please PRINT or TYPE clearly and carefully

Today's Date 5-26-10

2. Complete only the information that you want to share with other VSPA members.

Name Benson Kenneth L. Kenny
Last First Middle Initial (Nickname or preferred name)

Address 335 Jean Bradley Cir, Frederica De 19946
Street (or P.O. Box) City State Zip Code

Best Phone # (302) 335-0255 E-mail K Benson 335 at Comcast.Net
(With area code) Please print e-mail address very clearly!

Occupation Security Police Spouse's Name Janet L. Benson
(Or retired)

Dates of USAF Service: from 3/69 to 3/74 Highest Rank Sgt.
Month/Year Month/Year

1st Tour/TDY, Vietnam or Thailand: from 70 to 71 Base TON SON NHUT
Month/Year Month/Year (not squadron)

2nd Tour/TDY, Vietnam or Thailand: from _____ to _____ Base _____
Month/Year Month/Year (not squadron)

Specialty Security Police Sentry, 7th AF
K-9, Safeside, Heavy Weapons, LE, Augmentee, etc.

If you were K-9 N/A
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 service in Vietnam or Thailand and duty as an AP, SP or Augmentee, to the address below. If you are not sure about any aspect of your documentation, contact Phil Carroll 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.

Mail to:
Phil Carroll
VSPA Membership
P.O. Box 8
Gladstone, OR 97027

Questions? Contact VSPA Membership Chairman Phil Carroll
E-mail: k9nightfighter@msn.com
Phone: 503-975-8608

There's more information at our website: www.vspa.com

Minimum Security Police Association Membership Application

1. Please PRINT or TYPE clearly and accurately.

2. Complete only the information that you want to share with other VSP members.

Name (Last, First, Middle Initial) _____
Address (Street, Box, Apt) _____
City _____ State _____ Zip _____

Home Phone # (Area Code) _____
Work Phone # (Area Code) _____
Police precinct and assignment _____

Police Officer's Name _____
Police Officer's Rank _____
Police Officer's Agency _____

Police Officer's Address _____
Police Officer's City _____ State _____ Zip _____

Police Officer's Agency _____
Police Officer's Rank _____
Police Officer's Agency _____

Police Officer's Address _____
Police Officer's City _____ State _____ Zip _____

Police Officer's Agency _____
Police Officer's Rank _____
Police Officer's Agency _____

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Police Officer's Rank _____
Police Officer's Agency _____