

Vietnam Security Police Association Membership Application

1. Please **PRINT** or **TYPE** clearly and carefully

Today's Date 04/17/2009

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

Name COGGINS JAMES D Jim
Last First Middle Initial (Nickname or preferred name)

Address 1049 So. Kalispell ST AURORA CO 80017
Street (or P.O. Box) City State Zip Code

Best Phone # 303-283-8368 E-mail jdco9@comcast.net
(With area code) Please print e-mail address very clearly!

Occupation ELECTRICIAN Spouse's Name DIANNE
(Or retired)

Dates of USAF Service: from 09/70 to 09/1974 Highest Rank SSGT (E-5)
Month/Year Month/Year

1st Tour/ TDY, Vietnam or Thailand: from 09/1972 to 10/1973 Base TAKHLI THAILAND
Month/Year Month/Year (not squadron)

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

Specialty K-9
K-9, Safeside, Heavy Weapons, LE, Augmentee, etc.

If you were K-9 TEQUILLA 86M7 TAKHLI 09/72-10/73
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

Victorian Security Police Association Membership Application

Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Telephone: _____
 Date of Birth: _____
 Sex: _____
 Marital Status: _____
 Occupation: _____
 Signature: _____
 Date: _____

I hereby certify that the above information is true and correct to the best of my knowledge and belief.

Signature: _____
 Date: _____

Name: _____ Address: _____ City: _____ State: _____ Zip: _____	Name: _____ Address: _____ City: _____ State: _____ Zip: _____	Name: _____ Address: _____ City: _____ State: _____ Zip: _____	Name: _____ Address: _____ City: _____ State: _____ Zip: _____
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