

# Vietnam Security Police Association Membership Application

*Rog*      *Postea*

1. Please PRINT or TYPE clearly and carefully Today's Date \_\_\_\_\_

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

Name HARRISON RUSSELL D. ROSTY  
Last First Middle Initial (Nickname or preferred name)

Address 1116 LINFIELD CT MESQUITE TX 75150  
Street (or P.O. Box) City State Zip Code

Best Phone # 214-356-0823 E-mail RostysRelics@SBCGLOBAL  
(With area code) Please print e-mail address very clearly!

Occupation Det. Co. Sheriff Dept. Spouse's Name ANNE  
(Or retired)

Dates of USAF Service: from MAY 72 to MAY 76 Highest Rank Sgt.  
Month/Year Month/Year

1st Tour/TDY, Vietnam or Thailand: from 6-74 to 9-74 Base UBON  
Month/Year Month/Year (not squadron)

~~2nd Tour~~ TDY, Vietnam or Thailand: from 9-74 to 1-75 Base NKP  
Month/Year Month/Year (not squadron)

Specialty 8th SPS - UBON / 56th SPS - NKP  
K-9, Safeside, Heavy Weapons, LE, Augmentee, etc.

If you were K-9 \_\_\_\_\_  
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](mailto:k9nightfighter@msn.com)  
 Phone: 503-975-8608

**There's more information at our website: [www.vspa.com](http://www.vspa.com)**

Virginia Security Police Association Membership Application

Print Name (Last, First, Middle Initial) \_\_\_\_\_

Address (Street, City, State, Zip) \_\_\_\_\_

Home Phone (Area Code) \_\_\_\_\_  
Work Phone (Area Code) \_\_\_\_\_  
Cell Phone (Area Code) \_\_\_\_\_

Business (Company Name, Address, City, State, Zip) \_\_\_\_\_

Education (School Name, Address, City, State, Zip) \_\_\_\_\_

Employer (Company Name, Address, City, State, Zip) \_\_\_\_\_

Spouse (Name, Address, City, State, Zip) \_\_\_\_\_

Children (Name, Address, City, State, Zip) \_\_\_\_\_

Other (Name, Address, City, State, Zip) \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Please use separate paper to list other local, state, or national organizations.

Where did you receive your VSP membership? (Check one)

VSPA Website  Application Officer  \_\_\_\_\_

Application: You must complete this application and mail it with a copy of your VSP membership card (if you are a former member) and your current VSP membership card (if you are a new member) to the address below. If you are a former member, please include a copy of your current VSP membership card. If you are a new member, please include a copy of your current VSP membership card. If you are a former member, please include a copy of your current VSP membership card. If you are a new member, please include a copy of your current VSP membership card.

Questions? Email: [info@vspa.org](mailto:info@vspa.org) Phone: 800-942-8208  
The VSPA is a 501(c)(6) organization. For more information, visit [www.vspa.org](http://www.vspa.org)