

2782

# Vietnam Security Police Association Membership Application

1. Please PRINT or TYPE clearly and carefully

Today's Date 04/05/2011

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

Name HELMBRECHT DANIEL L  
Last First Middle Initial (Nickname or preferred name)

Address 849 WEHRLE DR BUFFALO NY 14221-7728  
Street (or P.O. Box) City State Zip Code

Best Phone # 716-631-5155 E-mail WEHRLEONE@ACL.COM  
(With area code) Please print e-mail address very clearly!

Occupation RETIRED POLICE OFFICER Spouse's Name SALLY  
(Or retired)

Dates of USAF Service: from JULY 1964 to MAY 1968 Highest Rank E 4  
Month/Year Month/Year

1st Tour/TDY, Vietnam or Thailand: from NOV 1965 to NOV 1966 Base BIEN HOA  
Month/Year Month/Year

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

Specialty SECURITY & BASE POLICE Awards \_\_\_\_\_  
K-9, Safeside, Heavy Weapons, LE, Augmentee, etc. Bronze or Silver Star, Purple Heart, 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 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](mailto:BillMarshallVSPALM85@gmail.com)

**Phone:** 949-388-5664

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

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Name: Last, First, Middle Initial
Address: Street or P.O. Box, City, State, Zip
Best Phone No. (If applicable)

Organization:
State of Birth:
In the U.S.A. (Year)
In the U.S.A. (Year)
In the U.S.A. (Year)

Specialty:
If you were in:
Please use another piece of paper to list other specialties, if necessary.

VSPA Website:
Application: You must complete this application and mail it with a copy of your ID form to the address below.
Questions: Don't find your ID-214? Contact Membership Chairman: Bill Mackall

Mail this application to Bill Mackall, 24420 Via Vista Dr., San Juan Capistrano, CA 92675
Phone: 949-788-2000