

Vietnam Security Police Association Membership Application

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

Today's Date 9/9/2013

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

Name Hesidewce DAVID M. DAVE
Last First Middle Initial (Nickname or preferred name)

Address 4 Oceans West Blvd. 503B DAYton Beach, FL 32118
Street (or P.O. Box) City State Zip Code

Best Phone # 386-322-3895 E-mail Hesidewce@ix.netcom.com
(With area code) Please print e-mail address very clearly!

Occupation Retired Spouse's Name deceased
(Or retired)

Dates of USAF Service: from 9/14/64 to 9/68 Highest Rank E3 (A1C)
Month/Year Month/Year

1st Tour/TDY, Vietnam or Thailand: from 3/67 to 3/68 Base CAM RANH BAY
Month/Year Month/Year

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

Specialty Phantom flight - nights only Awards General awards - all that served
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. if you need to.

Where did you learn about VSPA? (Mark one, if "other" please write-in)

VSPA Website Publication Another SP Reunion Flyer Bob Edwards

Applicants! You must complete this application and mail it with a copy of your DD Form 214 (Certificate of Discharge) to the address below (see "Instructions" on page 2 of this application for more details). 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

Phone: 949-388-5664

Mail this application to: Bill Marshall, 578 Spring Brook East, Westerville, OH 43081

YOUTHFUL PEOPLE'S FRONT ASSOCIATION (YOUTHFUL ASSOCIATION)

Please PRINT or TYPE clearly and carefully.

YOUTHFUL PEOPLE'S FRONT ASSOCIATION

All information on this form should be stated with the Y.P.F. number.

Organization (if any)

Address (street, city, state, zip)

Name

Age

Sex

Occupation

City

State (or P.O. Box)

(Y.P.F. number)

(Printed)

Name of Y.P.F. group (if any)

Address

City

For Y.P.F. membership, please check one of the following:

Student

Professional

Other (specify):

Student

Professional

Other (specify):

Other (specify):

Date

Signature

Signature

Printed Name

Please use number space of paper to list other forms, specialities, dates, etc. If you need to

Where did you learn about Y.P.F. (Print one if you know where)

Y.P.F. membership application form (Y.P.F. Form #1)

Application: You must complete this application and mail it with a copy of your ID to the Y.P.F. (Y.P.F. Form #1)

(Change) to the address below (see "Instructions" on page 2 of this application for more details) and pay

apply include a check or money order made out to Y.P.F. for \$15 annual dues on the first business day

of the membership fees very well you may. Application form - Y.P.F. Form #1 - \$15.00 - \$15.00

Questions: Can I find your Y.P.F. Council Membership Application Form #1?

Phone: 914-386-3863

Send this application to: 1001 Madison Ave. Springfield, Brook Park, Westerville, OH 43081