

Vietnam Security Police Association Membership Application

1. Please PRINT or TYPE clearly and carefully

Today's Date

4/16/13

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

Name HUDAK, GREGORY J GREG
Last First Middle Initial (Nickname or preferred name)

Address P.O. Box 3532 BREWER, ME. 04412
Street (or P.O. Box) City State Zip Code

Best Phone # 207-989-5859 E-mail g.hudak@hotmail.com
(With area code) Please print e-mail address very clearly!

Occupation RETIRED Spouse's Name CHRISTINE
(Or retired)

Dates of USAF Service: from 10 Jul 64 to 8 Jul 68 Highest Rank Sgt. E-4
Month/Year Month/Year

1st Tour/TDY, Vietnam or Thailand: from 9/67 to 7/68 Base TAN SON NHUT / BINH THUY
Month/Year Month/Year

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

Specialty AIR POLICE K-9 Awards N/A AIR FORCE COMMENDATION
K-9, Safeside, Heavy Weapons, LE, Augmentee, etc. Bronze or Silver Star, Purple Heart, etc. Medal, V. N.

If you were K-9 FRITZ FRITZ TAN SON NHUT & BINH THUY 9/67 - 7/68
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 _____

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

Application for a Loan

NAME	ADDRESS
AGE	CITY
EDUCATION	STATE
EMPLOYMENT	DATE

Occupation _____
 If you were to _____
 Please see another piece of paper to see what your income would be.

Income	Expenses
Assets	Liabilities
Net Worth	Character of Business

If you were to _____
 Please see another piece of paper to see what your income would be.

Application for a Loan
 You must complete this application and mail it with your money to the address below. If you do not have the money, you may apply for a loan to cover the cost of the application. The money will be repaid to you when you receive your loan.

Signature: _____
 Date: _____
 Address: _____