

1. Please PRINT or TYPE clearly and carefully

Today's Date Aug 2, 2013

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

Name Isles James E. Jim
Last First Middle Initial (Nickname or preferred name)

Address 801 Evans Ave San Francisco CA 94112
Street (or P.O. Box) City State Zip Code

Best Phone # 415-584-0474 E-mail isles.jim5@gmail.com
(With area code) Please print e-mail address very clearly!

Occupation retired Spouse's Name NA
(Or retired)

Dates of USAF Service: from 9/66 to 9/70 Highest Rank SSgt
Month/Year Month/Year

1st Tour/TDY, Vietnam or Thailand: from 2/69 to 2/70 Base Binh Thuy
Month/Year Month/Year

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

Specialty _____ Awards _____
K-9, Safeside, Heavy Weapons, LE, Augmentee, etc. Bronze or Silver Star, Purple Heart, etc.

If you were K-9 NA
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: 919-288-4564 614 623 3568

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

Date

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Name (Last, First, Middle Initial) _____

Address (For V.O. Use) _____
City _____ State _____ Zip _____

Best Phone # _____
(With number in _____)

Occupation _____
(If relevant)

Date of VERA membership _____
to _____

1st Name of Treasurer or Treasurer _____
Last Name _____

2nd Name of Treasurer or Treasurer _____
Last Name _____

Specialty _____

Home, Office, Henry Wagon, etc. _____

If you were born _____

God's Name _____

Tag # _____

Please use another piece of paper to list other names, specialties, tags, and phone numbers

Where did you learn about VERA? (Check one or more, if other, please write) _____

VERA Website Literature Another VERA member _____

Application: You must complete this application and send it with a copy of your tax form 314 (Conditions of

Discharge) to the address below (see "Application" on page 1 of the membership form for more information)

Apply include a check or money order made out to VERA for \$15 annual dues or the 1st membership fee

This Membership fee vary with you age: 18-24 \$10.00 - 25-34 \$12.00 - 35-44 \$14.00 - 45-54 \$16.00 - 55-64 \$18.00 - 65-74 \$20.00 - 75-84 \$22.00 - 85-94 \$24.00 - 95-99 \$26.00

Questions? Call Fred at 514-534-5344 (toll-free) or write to: VERA, P.O. Box 100, Montreal, Quebec H3T 1A1

Return this membership form to: VERA, P.O. Box 100, Montreal, Quebec H3T 1A1

Send this application to: Bill Johnson, 378 Spring Street, Montreal, Quebec H3T 1A1