

Vietnam Security Police Association Membership Application

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

Today's Date Sept 3, 2014

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

Name McNEIL RAY H. JR.
Last First Middle Initial (Nickname or preferred name)

Address 173 SPRING CREEK Hwy MEDINA, TN. 38355
Street (or P.O. Box) City State Zip Code

Best Phone # 731 697-2840 E-mail RAYMCNEIL77@YAHOO.COM
(With area code) Please print e-mail address very clearly!

Occupation RETIRED Spouse's Name —
(Or retired)

Dates of USAF Service: from SEPT 63 to SEPT 67 Highest Rank A1C/SGT
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 City Policeman Awards AF COMMENDATION
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 _____

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: 614-623-3568

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

Foreign Security Policy Administration Information Request Form

1. Name of the person or organization to whom the information is being requested: State of New York

2. All information that you receive will be given only to the person named above: Yes

3. Name of the person or organization making the request: State of New York

4. Name of the person or organization to whom the information is being requested: State of New York

5. Name of the person or organization to whom the information is being requested: State of New York

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18. Name of the person or organization to whom the information is being requested: State of New York

19. Name of the person or organization to whom the information is being requested: State of New York

20. Name of the person or organization to whom the information is being requested: State of New York

Application: You must complete this application and mail it with a copy of your ID to the following address: State of New York

Information: The information requested is for the purpose of State of New York

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