

Vietnam Security Police Association Application/Data Sheet

1. Please **PRINT** or **TYPE** clearly, especially your email address.
2. Complete only the information that you want to share with fellow members.
3. List the names and addresses of SP's that you have kept in contact with and or those that you would like to locate.

TODAY'S DATE 8-10-07

Name: MERTSOCK John E JohnEM
Last First M.I. Nickname

Address: 176 MAPLE AVE WELLSVILLE N.Y. 14895
Street (or P.O. Box) City State Zip Code

Telephone (585) 593-5604 ()
Home Work (optional)

E-Mail John@MERTSOCKS.COM FAX ()
PLEASE PRINT VERY CAREFULLY If Applicable

Personal RETIRED 10-19-44 AVIS
Occupation (or Retired) Birth Date Spouse's Name

Dates of U.S.A.F. Service 23 MAY 63 to 13 OCT 66 A1C
Month / Year Month / Year Highest Rank

1st Tour in Vietnam/Thailand OCT 65 to SEPT 66 PLEIKU
Month / Year Month / Year Base (Not Squadron!)

2nd Tour or TDY _____ to _____ _____
Month / Year Month / Year Base

SPECIALTY (K-9, Safeside, Heavy Weapons, etc.) K-9

IF YOU WERE K-9: DUKE 709-E _____
Dog's Name Tattoo # Base From Month / Year To Month / Year

Names and addresses of AP's or SP's you've kept in contact with: John Bisse

Names and available info on AP's or SP's you would like to find:

Please list other tours, specialties, dogs, friends, etc. on the back of this form!

Where did you learn about VSPA? VDHA

VSPA Web Site Veteran Publications Another SP Veteran's Reunion Other

IMPORTANT: If you are already a member of VSPA and you receive this form, please fill it out and return so that we can update our records and get you on the mailing list for the "Guardmount" Newsletter. If you are a first time applicant, complete this application and mail it with a **COPY of your DD214** to the address below. Include a check made out to V.S.P.A. for \$15 annual dues. If you join after July 1st your dues will cover the balance of that year and the following year. Life Memberships are now available, rates, depending on your age, are available upon request or on the VSPA website.

MAIL TO: **Phil Carroll**
P.O. Box 8
Gladstone, OR 97027

E-Mail: k9nightfighter@msn.com



MEMBER INFORMATION

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____

DATE OF BIRTH: _____

DATE OF SERVICE: _____

DATE OF SEPARATION: _____

TYPE OF SERVICE: _____

TYPE OF SEPARATION: _____

REASON FOR SEPARATION: _____

DATE OF RECEIPT OF DISCHARGE PAPER: _____

DATE OF RECEIPT OF DISCHARGE PAPER: _____

DATE OF RECEIPT OF DISCHARGE PAPER: _____

TO: _____

FROM: _____

SUBJECT: _____

RE: _____

DATE: _____

BY: _____

FOR: _____

TO: _____

FROM: _____

SUBJECT: _____

RE: _____

DATE: _____

BY: _____

FOR: _____

TO: _____

FROM: _____

SUBJECT: _____

RE: _____

DATE: _____

BY: _____

FOR: _____

MEMBER INFORMATION

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____

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