

Vietnam Security Police Association Membership Application

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

Today's Date

1/1/2013

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

Name PRITCHARD HOWARD P
Last First Middle Initial (Nickname or preferred name)

Address 563 E. ANDERSON CROWN POINT IN 46307
Street (or P.O. Box) City State Zip Code

Best Phone # 708-334-9211 E-mail BARTOR@SBCGLOBAL.NET
(With area code) Please print e-mail address very clearly!

Occupation Retired Spouse's Name N/A
(Or retired)

Dates of USAF Service: from 6 68 to 6 72 Highest Rank SgT E4?
Month/Year Month/Year

1st Tour/TDY, Vietnam or Thailand: from 9 69 to 9 70 Base SEPT/DEC 69 36653 ORANGE
JAN/SEPT 70 12th SB PHUCAT
Month/Year Month/Year

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

Specialty AIRBASE DEFENSE 81150 Awards _____
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 PAT Houseworth

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

Vietnam Security Police Association Membership Application

Today's Date _____

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Name: _____
 Last _____ First _____ Middle Initial _____
 (Surnames of previous names)

Address: _____
 (Street or P.O. Box) _____
 City _____ State _____ Zip Code _____

Best Phone # _____ (7 digit area code)
 E-mail _____
 (Please print e-mail address very clearly)

Occupation: _____
 (If retired)

Spouse's Name: _____

Date of USAF Service: From _____ to _____
 (Month/Year) (Month/Year)

1st Tour: (BY, Vietnam or Thailand) From _____ to _____
 (Month/Year) (Month/Year)

2nd Tour: (BY, Vietnam or Thailand) From _____ to _____
 (Month/Year) (Month/Year)

Base: _____

Specialty: _____
 (K-9, Salside, Heavy Weapons, I.E. Augmented, etc.)
 (Please print specialty clearly, if applicable)

If you were K-9:

Dog's Name: _____
 Breed: _____
 Date: _____

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 Other SP Other Other

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Questions? Can't find your DD-214? Contact Membership Chairman: Bill Marshall
 Phone: 940-388-2664

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