

Vietnam Security Police Association Application/Data Sheet

1. Please PRINT or TYPE clearly, especially your email address. TODAY'S DATE _____
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.

NAME: Perro Robert J.
LAST FIRST M.I.

NICKNAME

ADDRESS: 6196 Barb Werner Ln. San Jose, Ca. 95119
STREET CITY STATE / ZIP CODE

TELEPHONE () (408) 313-7194
HOME Cell phone (optional)

E-MAIL bobperro@yahoo.com FAX ()
IF APPLICABLE "PRINT CAREFULLY" IF APPLICABLE

PERSONAL Retired 3/28/1948 Laurie
OCCUPATION or RETIRED BIRTHDAY SPOUSE'S NAME

DATES OF U.S.A.F. SERVICE 8 1966 to 8 / 1970
MONTH YEAR MONTH YEAR
in Vietnam/Thailand 1/1969 to 1/1970 Phu Cat
MONTH YEAR MONTH YEAR BASE (NOT SQUADRON)

2nd Tour or TDY _____ to _____
MONTH YEAR MONTH YEAR BASE

3rd Tour (If Applicable) _____ to _____
MONTH YEAR MONTH YEAR BASE

NAMES / ADDRESSES OF SP's YOU'VE KEPT IN CONTACT WITH:

NAMES / AVAILABLE INFORMATION ON SP's YOU'D LIKE TO LOCATE:

WHERE DID YOU LEARN ABOUT VSPA?

X 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.

MAIL TO: **TERRELL MORRIS**
W5148 East Bush Road
Pardeeville, WI 53954-9443

E-MAIL incoming@jvlnet.com

SAME CITY

PLEASE PRINT OR TYPE CLEARLY IN BLOCK LETTERS. Do not use abbreviations or initials. Do not use a pen or cursive. Do not use a pencil.

NAME (Last, First, Middle Initial) _____
ADDRESS (Street, Apt. No., Box No., P.O. No.) _____
CITY _____ STATE _____ ZIP _____

TELEPHONE (Area Code) _____
DATE OF BIRTH (Month/Day/Year) _____

EDUCATION (High School, College, University) _____
DEGREE (Bachelor's, Master's, Doctorate) _____

EMPLOYMENT (Employer Name, Address, City, State, ZIP) _____
POSITION (Job Title) _____

REASON FOR APPLICATING (Check one) _____
A. I am applying for a job in your organization.
B. I am applying for a position in your organization.

DATE OF BIRTH (Month/Day/Year) _____
MARRIAGE (Married, Single, Divorced, Widowed) _____

EDUCATION (High School, College, University) _____
DEGREE (Bachelor's, Master's, Doctorate) _____

EMPLOYMENT (Employer Name, Address, City, State, ZIP) _____
POSITION (Job Title) _____

REASON FOR APPLICATING (Check one) _____
A. I am applying for a job in your organization.
B. I am applying for a position in your organization.

NAME OF AGENCY OR ORGANIZATION TO WHICH YOU ARE APPLYING _____

NAME OF AGENCY OR ORGANIZATION TO WHICH YOU ARE APPLYING _____

WHERE DID YOU LEARN ABOUT THIS _____

NAME OF AGENCY OR ORGANIZATION TO WHICH YOU ARE APPLYING _____

PLEASE PRINT OR TYPE CLEARLY IN BLOCK LETTERS. Do not use abbreviations or initials. Do not use a pen or cursive. Do not use a pencil.

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