

Vietnam Security Police Association Membership Application

1. Please PRINT or TYPE clearly and carefully

Today's Date 12-4-09

2. Complete only the information that you want to share with other VSPA members.

Name Prickett Robert M "Lefty"
Last First Middle Initial (Nickname or preferred name)

Address 35 Ridgemore Dr Raphine VA 24472
Street (or P.O. Box) City State Zip Code

Best Phone # 540-290-8283 E-mail RPRicke@Hughes.wet
(With area code) Please print e-mail address very clearly!

Occupation Retired Spouse's Name FVA
(Or retired)

Dates of USAF Service: from 09/1968 to 09/1972 Highest Rank SSgt
Month/Year Month/Year

1st Tour/TDY, Vietnam or Thailand: from 09/1969 to 09/1970 Base CAM RANH BAY AB
Month/Year Month/Year (not squadron)

2nd Tour/TDY, Vietnam or Thailand: from _____ to _____ Base _____
Month/Year Month/Year (not squadron)

Specialty LAW ENFORCEMENT
K-9, Safeside, Heavy Weapons, LE, Augmentee, 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. as necessary.

Where did you learn about VSPA? (Mark one, if "other" please write in)

VSPA Website Publication Another SP Reunion Flyer From Tim Waage Badge Site

Applicants! You must complete this application and mail it with a copy of your DD Form 214 (Certificate of Discharge) showing service in Vietnam or Thailand and duty as an AP, SP or Augmentee, to the address below. If you are not sure about any aspect of your documentation, contact Phil Carroll for assistance. 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.

Mail to:
Phil Carroll
VSPA Membership
P.O. Box 8
Gladstone, OR 97027

Questions? Contact VSPA Membership Chairman Phil Carroll
E-mail: k9nightfighter@msn.com
Phone: 503-975-8608

There's more information at our website: www.vspa.com

Vietnam Security Police Association Membership Application

1. Please PRINT or TYPE clearly and correctly.

2. Complete only the information that you want to share with other VSPA members.

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

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

Phone: (With area code) _____ Please print e-mail address very clearly! _____

Occupation: _____ (Optional)

Date of Birth: _____ Month/Year _____

For former U.S. Vietnam or Thailand Army: Army Year _____ Month/Year _____
 For former U.S. Vietnam or Thailand Air Force: Air Force Year _____ Month/Year _____
 For former U.S. Vietnam or Thailand Navy: Navy Year _____ Month/Year _____
 For former U.S. Vietnam or Thailand Marine: Marine Year _____ Month/Year _____
 For former U.S. Vietnam or Thailand Coast Guard: Coast Guard Year _____ Month/Year _____
 For former U.S. Vietnam or Thailand Civilian: _____

Specialty: _____

U.S. Army: Dog's Name _____ Title # _____ Date _____

Please use another piece of paper to list other forms, specialties, dogs, etc. as necessary.

If there are any other items you wish to share, please write in _____

U.S. Army: _____

Applicants: You must complete this application and mail it with a copy of your DD Form 214 (or discharge or discharge) showing service in Vietnam or Thailand and duty as an A1, A2, or A3 (or equivalent) to the address below. If you are not sure about any aspect of your documentation, contact Phil Carroll for assistance. When you apply, include a check or money order for \$15.00 (in U.S. dollars) on the 15th membership fee. If the membership fee is not paid with your application, we will not process your application. Application Fee: \$15.00 - \$15.00 - \$15.00

Phil Carroll
 VSPA Membership
 1000 1st St. N.
 Ft. Worth, TX 76102
 Phone: 817-342-8888
 Email: phil@vspa.org
 Questions? Contact VSPA Membership Coordinator Phil Carroll