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 4 MAR 06

NAME: SAVILLE, RONALD J. R. J.
LAST FIRST M.I. NICKNAME

ADDRESS: P.O. Box 1144 FORT BENTON, MT 59442-1144
STREET CITY STATE ZIP CODE

TELEPHONE (406) 622.5556 ( )
HOME WORK (optional)

E-MAIL MTCARDINAL@MCN.NET FAX ( )
IF APPLICABLE "PRINT CAREFULLY" IF APPLICABLE

PERSONAL LAW ENFORCEMENT RETIRED 9 OCT 49 BARBARA
OCCUPATION or RETIRED BIRTHDAY SPOUSE'S NAME

DATES OF U.S.A.F. SERVICE 10 67 to 10 71 1SGT-E-4
MONTH YEAR MONTH YEAR RANK

1st Tour in Vietnam/Thailand 11 68 to 11 69 U-TAPAO RTAB
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?

☐ 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

LM289

Vietnam Security Police Association Application/Data Sheet

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NAME: _____
LAST FIRST MI MAIDEN

ADDRESS: _____
STREET CITY STATE ZIP CODE

TELEPHONE ( ) _____ / _____
HOME WORK (Address)

E-MAIL _____ FAX ( ) _____
IF APPLICABLE "PRINT CAREFULLY" IF APPLICABLE

PERSONAL _____
OCCUPATION or RETIRED BIRTHDAY SPOUSE'S NAME

DATES OF U.S.A.F. SERVICE _____ to _____ / _____
MONTH YEAR MONTH YEAR RANK

1st Tour in Vietnam/Thailand _____ to _____ / _____
MONTH YEAR MONTH YEAR BASE (NOT SQUADRON)

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

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MAIL TO: TERRELL MORRIS
W5148 East Bush Road
Pardeeville, WI 53954-9447

E-MAIL: [illegible]