## Vietnam Security Police Association Membership Application

| 1. Please PRIN                 | NT or TYPE clearly and                      | carefully                                 | Today's Date                                  | 9-4-12  |
|--------------------------------|---|---|---|---|
| 2. All informat                | tion that you include wil                   | I be shared with other                    | VSPA members.                                 |   |
| Name                           | GRANT                                       | RONALD                                    | 6   | (Nickname or preferred name)  |
|                                | Last  | First                                     | Middle Initial                                | (Nickname or preferred name)  |
| Address 3.                     | Street (or P.O. Box)                        | City                                      | State   | 950 29566<br>Zip Code   |
| Best Phone #                   | 843-995                                     | -/67/ E-m                                 | ail de Roga                                   | int e-mail address very clearly!  |
|                                | ,   |   |   |   |
| Occupation _                   | (Or retired)                                |   | _ Spouse's Name                               | Darlesso  |
| Dates of USA                   | F Service: from 6                           | onth/Year                                 | 7-76 Highe<br>Month/Year                      | est Rank 1097   |
| 1st Tour/TDY                   | , Vietnam or Thailand                       | : from 9-69<br>Month/Yea                  | to 9-10 Month/Year                            | Base Com AHHN SA  |
| 2nd Tour/TD                    | Y, Vietnam or Thailan                       | d: from                                   | to  | Base  |
|                                |   | Month/Yea                                 |   |   |
| Specialty<br>K-9, S            | Safeside, Heavy Weapon                      | s, LE, Augmentee, etc                     | Awards Bronze                                 | or Silver Star, Purple Heart, etc.  |
| If you were K                  | -9  |   |   |   |
|                                | Dog's Name                                  | Tattoo #                                  | Base  | Dates   |
| Please use ar                  | nother piece of paper                       | to list other tours,                      | specialties, dogs, e                          | tc. if you need to.   |
| Where did y                    | ou learn about VSPA                         | ? (Mark one, if "oth                      | er" please write-in)                          |   |
| □VSPA Web                      | bsite  Publication                          | Another SP 🗆 F                            | Reunion DFlyer                                | <b>0</b>  |
| Discharge) to<br>apply include | the address below (see a check or money ord | ee "Instructions" on pler made out to VSP | page 2 of this applic<br>A for \$15 annual du | Fyour DD Form 214 (Certificate of ation for more details). When you les, or the Life Membership fee. $\sim 71-80, \$90 \sim 81 \text{ or over}, \$55$ . |
| Questions?                     | Can't find your DD-21                       | 4? Contact Member                         | ship Chairman: Bill                           | Marshall  |
| E-Mail: Bil                    | lllMarshallVSPALM                           | 185@gmail.com                             | <b>Phone</b> : 949-3                          | 88-5664   |

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