Vietnam Security Police Association Application/Data Sheet

TODAY'S DATE	8/	12/	16
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1. Please PRINT or TYPE clearly, especially your email address.

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: McCabe 1	Vichael	J.		
ADDRESS: 5596 Bis Con	FIRST A.C.	CANCINNA	(Nickname)	45248
TELEPHONE 53 574-459	CITY ()	STATEI	ZIP	
E-MAIL MCCABE 40 FW	en Net FAX (WORK (Optional)		
PRINT CAREFULLY PERSONA Occupation/Retired	1/12/47	LiNOA		
DATES OF U.S.A.F. SERVICE	Birthdate /65 to	Spouse's Name	SgT.(E	-4)
1st Tour: Vietnam/Thailand	Month / Year	Month / Year / / / / / / / / / / / / / / / / / / /	sev-Ho	A
nd Tour: Vietnam/Thailand	Month / Year	Month / Year	Base(s)	(Not Squadron)
3rd Tour in Vietnam/Thailand	Month / Year	Month / Year	Base(s)	(Not Squadron)
	Month / Year	Month / Year	Base(s)	(Not Squadron)
NAMES / ADDRESSES OF SP's YOU'V	E KEPT IN CONTAC	T WITH: Lichare	dIngle	4
NAMES / AVAILABLE INFORMATION	ON SP's YOU'D LII	KE TO LOCATE:		

HOW DID YOU LEARN ABOUT VSPA? [[VSPA Web Site [[Veteran Publications [] Another SP [] Reunion

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 VSPA 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, W1 53954-9443
E-MAIL: incoming@jvlnet.com

The Legacy:

No Air Base Guarded by USAF AP/SP Squadrons has ever been overran or conquered by an enemy!

Vietnam Security Police Association Application Data Micel

CODAY'S DATE OF SERVING

Please PRINT or TYPE clearly, especially your email address.

Complete-only the adormation that you want to share with follow members

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ADDRESS:

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STREET CITY STATE

STREET ZIP

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Month / Your

NAMES / ABBRESSES OF SE'S YOU'VE KEFT IN CONTACT WITH.

NAMES AVAILABLE INSORMATION ON SES VOUS LIIG. TO LOCATE

HOW DID YOU LEARN ABOUT VSPA71 [VSPA Web Site | [Veteran Publications] [Another SP | [Remited

IMPORTANT: If you are already a member of VSFA and you receive this form, please full it not and action as that we can update our records and get you on the million list for the "Considerationard". New sector. If you are a first upplicant, complete this applicancy and mail it with a COFY of your DO21st to the address below, include a check made out to VSFA for \$15 amount does if you form after thely let you does does will cover the belonce of that year and the following year.

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Particoville, WI 53954-9447

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