1. Please PRINT or TYPE clearly and	carefully	Today's Date	B- PEB-	2015
2. All information that you include wil	l be shared with other V	SPA members.		
Name Prentice	John	6		
Last	First	Middle Initial	(Nickname or p	preferred name)
Address 10637 CA n Street (or P.O. Box)	norilla Ct	Dulu	th GA	30097
Street (or P.O. Box)	City	State	Zip Code	
Best Phone # 770-476- (With area code)	- フ/クロ E-ms	il I Prentic	c 150 A0	Licom
(With area code)		Please pr	int e-mail address v	ery clearly!
Occupation Rotined		Spouse's Name		
(Or retired)				
Dates of USAF Service: from		اون الأولى High	est Rank <u>59</u>	<u> </u>
Me	onth/Year M	Ionth/Year		
1st Tour/TDY, Vietnam or Thailand	: from MAY 68	to May 69	Base Plen	ku
	Month/Year	Month/Year		
2nd Tour/TDY, Vietnam or Thailan	d: <i>from</i>	to	Base	
	Month/Year	Month/Year		
Specialty		Awards		
K-9, Safeside, Heavy Weapon				ple Heart, etc.
Y4				
If you were K-9	Tattoo #	Base	· r	 Oates
Dog 5 Numo	Tuttoo n	Dusc	L	
Please use another piece of paper	to list other tours, s	pecialties, dogs, e	tc. if you need t	0.
Where did you learn about VSPA	? (Mark one, if "othe	r" please write-in)		
□VSPA Website □Publication	☑Another SP □Re	eunion DFlyer		
Applicants! You must complete th	is application and ma	il it with a copy of	your DD Form	214 (Certificate of
Discharge) to the address below (se		- -	-	· · · · · · · · · · · · · · · · · · ·
apply include a check or money ord	ler made out to VSPA	for \$15 annual du	es, or the Life N	Membership fee.
Life Membership fees vary with your	age: Age 51-60, \$10	60 ~ 61-70. \$130	~ <u>71-80, \$90</u> ~	81 or over, \$55.
Questions? Can't find your DD-21	4? Contact Members	hip Chairman: Bill	Marshall	
E-Mail: BilllMarshallVSPALM	85@gmail.com	Phone: 949-3	88-5664	

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