

Vietnam Security Police Association Membership Application

1. Please **PRINT** or **TYPE** clearly and carefully

Today's Date July 13, 2015

2. All information that you include will be shared with other VSPA members.

Name Stump Ralph G (Jerry)
Last First Middle Initial (Nickname or preferred name)

Address 477 N Sawburg Ave Alliance, OH 44601
Street (or P.O. Box) City State Zip Code

Best Phone # (216) 554-6422 E-mail jerry.stump@att.net
(With area code) Please print e-mail address very clearly!

Occupation Standards Compliance Consultant Spouse's Name _____
(Or retired)

Dates of USAF Service: from August 1969 to August 1973 Highest Rank E-4 (Sgt)
Month/Year Month/Year

1st Tour/TDY, Vietnam or Thailand: from June 1970 to June 1971 Base Phu Cat, RVN
Month/Year Month/Year

2nd Tour/TDY, Vietnam or Thailand: from _____ to _____ Base _____
Month/Year Month/Year

Specialty LE Awards _____
K-9; Safeside; Heavy Weapons; LE; Augmentee, etc. Bronze or Silver Star; Purple Heart, 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. if you need to.

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

VSPA Website Publication Another SP Reunion Flyer _____

You **must** complete this application and mail it with a copy of your DD Form 214 (Certificate of Discharge) to the address below (see "Instructions" on page 2 of this application for more details). 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.

Questions? Can't find your DD-214? Contact VSPA Membership Chairman Paul Shave

E-Mail: paul_shave@hotmail.com Phone: 505-831-9401

Mail to: Paul Shave, 2909 Sol De Vida NW, Albuquerque, NM 87120

Wisconsin Security Police Association Membership Application

Please PRINT or TYPE clearly and legibly. All information that you include will be placed in other VSPA materials.

Name: _____
Address: _____
City: _____
State: _____
Zip: _____
Phone: _____
E-mail: _____
Occupation: _____
Sponsor's Name: _____

Class of VSPA Service: _____
Date of Birth: _____
Date of Admission: _____
Date of Termination: _____
Date of Resignation: _____
Date of Reinstatement: _____

Specialty: _____
If you are K-9: _____
Please use another piece of paper to list other current affiliations, dues, etc. If you wish to:

Where did you learn about VSPA? (Check one, if "other," please write in) _____
VSPA Website Publication Recruitment Other _____
You must complete this application and mail it with a copy of your DD Form 214 (Certificate of Discharge) to the address below (see "Instructions" on page 2 of this application for more details). When you apply, include a check or money order made out to VSPA for \$15 annual dues or the Life Membership fee. This membership fee may vary with age: Age 18-29 \$15 - 30-39 \$20 - 40-49 \$25 - 50-59 \$30 - 60-69 \$35 - 70-79 \$40 - 80-89 \$45 - 90-99 \$50 - 100 \$55.
Questions? Don't find your DD-214? Contact VSPA Membership Chairman Sam Shroy.
E-mail: _____ Phone: 302-344-9401
Address: 1000 S. De Witt St. Waukesha, WI 53180