Vietnam Security Police Association Membership Application

1. Please PRINT or TYPE clearly and carefully						Today's Date 3 -2- 10					
2. Complete	e only the	information tha	at you wan	t to share	with other	VSPA men	nbers.				
Name	KAN	ast A V O	JE	RRY							
	L	ast '	First	1	Mi	ddle Initial	(N	lickname (or preferr	ed name)	
Address	30	WAVE (or P.O. Box)	RLY 1	-ANE	JACK.	SON, A	JJ		08	527	
	Street	(or P.O. Box)	7	City		State	•	Zip Cod	е		
Best Phone	e#(With	8 - 907-6 area code)	425	E-m	ail Ph	PRKEO	o (S) A	DL . Ca	o M		
Occupation	n_TeL	Or retired)	Repai	R TE	CHNICI	HV Spous	se's Na	me	TRIC	1 A	
Dates of U	SAF Serv	vice: from <u>2</u> N	- /97 Month/Year	<u> </u>	5 - Mont	<u>/975</u> h/Year	_ Highe	est Rank_	E	5	
1st Tour/T	'DY, Vietr	ıam or Thaila	nd: from	3- 7/ Month/	/to	3 - 72 Month/Y	Year	Base_	(not sq	<u>RANH BA</u> 9 uadron) 483R1	
2nd Tour/I	ΓDY, Vietı	nam or Thaila	nd: from	Month/	<i>to</i> Year	Month/	Year	Base_	(not sq	uadron)	
Specialty_											
1		Safeside, Heav	y Weapon	s, LE, Au	gmentee, e	tc.					
If you were	o K -0										
11 you were	CK-7	Dog's Name	;	Tattoo#		Base]	Dates		
		piece of pape					etc. as	necessary	·.		
Where did	you learn	about VSPA	? (Mark or	ne, if "oth	er" please	write in)					
XVSPA W	ebsite 🛚	Publication	Anothe	rSP □R	eunion [⊒Flyer □)		·····		
Discharge) are not sure check or mo	showing s about any oney order	st complete this ervice in Vietn aspect of your made out to V 51-60, \$160	am or Tha document SPA for \$	iland and tation, cor 15 annual	duty as an ntact Phil (dues, or th	AP, SP or A Carroll for a ne Life Men	Augment assistanc mbership	tee, to the a e. When y p fee. Life	address be ou apply	elow. If you include a	
Mail to: Phil Carroll VSPA Mem P.O. Box 8	nbership		E-mail		ghter@ms	A Member n.com	rship Cl	ıairman F	Phil Carr	oll	

There's more information at our website: www.vspa.com

Gladstone, OR 97027

SPS