1. Please PRINT or TYPE clearly and carefully				Today's Date	lica.		
2. All info	ormation tha	t you include wil	l be shared with other	er VSPA members.	Dur		
Name	-	TACZ		m			
	L	ast	First	Middle Initial	(Nickname or preferred name)		
Address	170	BRAND	Y BROOK	RD-71.5017	UATE -RI-02857	7-2114	
		(or P.O. Box)	City	State	Zip Code		
Best Pho	ne#	01-647-7	7 <i>838</i> E-	-mail <u>JOHN M</u> .	PCHACZ /23 @ G m	A IL . Com	
	, (1	With area code)		Please pr	int e-mail address very clearly!		
Occupation	on <i>[</i>	BETIRE	P	Spouse's Name			
		(Or retired)					
Dates of U	USAF Servi		- UUN E-66 onth/Year	6/NOV/69 High	est Rank $SGT(E-4)$		
1st Tour/	TDY, Vietr	nam or Thailand	: from Nov 68	to NOV 69 ear Month/Year	Base BEN HOA		
2nd Tour	·/TDY, Viet	nam or Thailan	d: from	to	Base		
	-		Month/Ye	ear Month/Year			
			•	Awardstc. Bronze of	or Silver Star, Purple Heart, etc.		
If you we	re K-9		•				
•		Dog's Name	Tattoo #	Base	Dates		
Please us	se another	piece of paper	to list other tours	s, specialties, dogs, e	tc. if you need to.		
Where d	lid vou lea	rn about VSPA	? (Mark one if "o	ther" please write-in)			
_	_		•		o		
Applicar	nts! You n	nust complete th	is application and	mail it with a copy of	your DD Form 214 (Certification	ate of	
					ation for more details). When	•	
		•			~ 71-80, \$90 ~ 81 or over. \$5		
Question	s? Can't fi	ind your DD-21	4? Contact Member	ership Chairman: Bill	Marshall		
			85@gmail.com	Phone : 949-3			
				I HUHC. JTJ-J	JO - J J J J T		

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

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