

DATE: \_\_\_\_\_

**VETERANS PARTNERING WITH COMMUNITIES**  
**MILITARY CITY BANNER RECOGNITION APPLICATION**

DO YOU KNOW A FONTANA RESIDENT WHO IS CURRENTLY SERVING IN THE MILITARY? IF YOU DO, WE WOULD LIKE TO KNOW WHO THEY ARE AND RECOGNIZE THEM AS A PART OF OUR MILITARY CITY BANNER PROGRAM. EACH INDIVIDUAL WILL BE HONORED WITH A 60X24 INCH BANNER THAT WILL INCLUDE HIS/HER NAME AND BRANCH OF SERVICE. THE BANNER WILL THEN BE DISPLAYED ON A MAJOR THOROUGHFARE WITHIN THE CITY.

*PLEASE PRINT CLEARLY*

\_\_\_\_\_  
Full Name (Last, First, M.I.) Date of Service

\_\_\_\_\_  
Branch of Service Rank Discharge Date

\_\_\_\_\_  
Discharge Address/Home Address

\_\_\_\_\_  
Military Occupational Skill (MOS) E-mail Address

**CONTACT PERSON INFORMATION**

Name(s) \_\_\_\_\_

Relationship to Veteran \_\_\_\_\_

Mailing Address \_\_\_\_\_

Cell Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Home Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

E-mail Address \_\_\_\_\_

SHOULD THE INFORMATION ABOVE CHANGE, PLEASE NOTIFY US SO THAT WE CAN UPDATE OUR RECORDS

Official Use Only			
<b>Paid</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<b>Photo</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Completed</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<b>Installation Date</b>
<b>Misc.</b>			
<b>Comments</b>			

Please complete this form and return it to Veterans Partnering with Communities along with a picture and your \$50.00 donation.