

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

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

DO YOU KNOW A FONTANA RESIDENT WHO HAS SERVED IN THE MILITARY?  
IF YOU DO, WE WOULD LIKE TO KNOW WHO THEY ARE AND RECOGNIZE THEM AS A PART OF  
OUR MILITARY FAMILY BANNER PROGRAM. EACH INDIVIDUAL WILL BE HONORED WITH A  
36X13 INCH BANNER THAT WILL INCLUDE HIS/HER NAME AND BRANCH OF SERVICE.

*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	
Paid	<input type="checkbox"/> Yes <input type="checkbox"/> No
Photo	<input type="checkbox"/> Yes <input type="checkbox"/> No
Completed	<input type="checkbox"/> Yes <input type="checkbox"/> No
Misc.	