



# ***Sherwood Military Banner Program Application***

New Application

Renewal Application (\$60 Fee)

Service Person's Name: \_\_\_\_\_

Branch of Military: \_\_\_\_\_

Current Rank: \_\_\_\_\_

Date of Enlistment: \_\_\_\_\_

Date of Expected Discharge/Re-Enlistment: \_\_\_\_\_

Applicants Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Send completed form to PO Box 301, Sherwood, OR 97140 or email to [sherwoodmbp@gmail.com](mailto:sherwoodmbp@gmail.com)

Terms of Application: All banner recipients must be current active duty military personnel serving full time, Reserves, National Guard, or Coast Guard, and be a resident of the 97140 zip code prior to enlistment. Banner applicants must be either banner recipients, or immediate family members, and currently live in the 97140 zip code.