



Sherwood Military Banner Program Application

New Application

Renewal Application at Cost Current

Service Person's Name: _____

Branch of Military: _____

Current Rank: _____

Date of Enlistment: _____

Date of Expected Discharge/Re-Enlistment: _____

Applicant's Name: _____

Relationship: _____

Address: _____

Phone: _____

Email: _____

Send Completed form to PO Box 1193, Sherwood, OR 97140 Or email

SherwoodMBP@gmail.com

Terms of application: All banner recipients must be current 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.