



## City Of Orange Military Banner Program Application

| MILITARY SERVICEPERSON INFORMATION                                                         |                                           |                              |                        |
|--------------------------------------------------------------------------------------------|-------------------------------------------|------------------------------|------------------------|
| Name of Serviceperson:                                                                     |                                           |                              |                        |
|                                                                                            | First                                     | Last                         | MI (if used on banner) |
| Spelling of Serviceperson's name on the banner will be taken directly from the application |                                           |                              |                        |
| Is Serviceperson a resident of the City of Orange?                                         | Yes <input type="checkbox"/>              | *No <input type="checkbox"/> |                        |
| Branch of the U. S Military Service:                                                       | U.S. Army <input type="checkbox"/>        |                              |                        |
| U.S. Marine Corps <input type="checkbox"/>                                                 | U.S Air Force <input type="checkbox"/>    |                              |                        |
| U.S. Navy <input type="checkbox"/>                                                         | U.S. Coast Guard <input type="checkbox"/> |                              |                        |

| APPLICANT INFORMATION                                                             |                                                                                                                                                                      |
|-----------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Name of Applicant:                                                                |                                                                                                                                                                      |
| Relation to Serviceperson:<br>(Immediate family member only)                      | <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Grandparent <input type="checkbox"/> Sibling |
| Address:<br>*(Family member must be a resident of Orange if Serviceperson is not) |                                                                                                                                                                      |
| Phone number:                                                                     | (mobile) _____ (home) _____                                                                                                                                          |
| Email:                                                                            |                                                                                                                                                                      |

| DONATION INFORMATION                                                                                                                                                                                                           |                                     |                                                |       |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|------------------------------------------------|-------|
| I am submitting a donation to cover the cost of the banner: Checks can be made out to the <i>City of Orange</i> or Credit Card information can be provided below. (NOTE: Donation is not required with completed Application.) |                                     |                                                |       |
| <input type="checkbox"/> Visa                                                                                                                                                                                                  | <input type="checkbox"/> Mastercard | <input type="checkbox"/> Check - Number: _____ |       |
| Card Number: _____                                                                                                                                                                                                             | Expiration date: _____              | 3 Digit Security Code: _____                   | _____ |
| Name on Card: _____                                                                                                                                                                                                            | Signature of Cardholder: _____      |                                                |       |

**Copy of the following documents must be submitted with the application: 1) Proof of Active Military Status and 2) Proof of Residency of Applicant or Serviceperson.**

Once application is completed it can be faxed to 714-744-7251 or mailed/delivered to: City of Orange Community Services Department, 230 E. Chapman Ave, Orange, CA 92866.

For additional information please contact: City of Orange Community Services Department at 714-744-7264.

For Office Use Only

|                                           |                                                                                                                                        |                             |                             |
|-------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|-----------------------------|
| Date Received:                            |                                                                                                                                        |                             |                             |
| Residency verification provided:          | <input type="checkbox"/> Yes                                                                                                           | <input type="checkbox"/> No |                             |
| Proof of Active Military Status provided: | <input type="checkbox"/> Yes                                                                                                           | <input type="checkbox"/> No |                             |
| Anticipated Installation Cycle:           | May                                                                                                                                    | November                    |                             |
| Date of Installation:                     |                                                                                                                                        |                             |                             |
| Location of Banner:                       |                                                                                                                                        |                             |                             |
| Date Banner was removed:                  |                                                                                                                                        |                             |                             |
| Donation received:                        | <input type="checkbox"/> Yes<br><input type="checkbox"/> Visa<br><input type="checkbox"/> Mastercard<br><input type="checkbox"/> Check | Amount: \$ _____            | <input type="checkbox"/> No |

Updated: Nov 2017