

AR WING SUPPLEMENT 1, ATTACHMENT 2

Arkansas Wing Vehicle Insurance Deductible Program Fund			
NAME		RANK	DATE
CAPSN	UNIT		CHARTER NO.
ADDRESS (CITY, STATE, & ZIP)		PHONE #	
<input type="checkbox"/> Enclosed is my check or money order for the sum of \$5.00 for the Vehicle Insurance Deductible Program Fund.			
<input type="checkbox"/> Enclosed is my check or money order for the sum of \$10.00 for the Aircraft Hull Insurance Deductible Program Fund.			

ARCAP Form 77-1b, part 1, 30 OCT 2000 (Local Reproduction Authorized)

<p>RECEIPT:</p> <p>From: _____</p> <p>Amount: _____</p> <p>Check #: _____</p> <p>Date: _____</p> <p>FOR VEHICLE INSURANCE DEDUCTIBLE PROGRAM</p> <p>_____</p> <p>SIGNATURE</p>
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