



**Ship's Store Merchandise Order Form
(Members Only)**

Name: _____

Shipping Address (if necessary): _____

Telephone: _____

E-mail: _____

Code No.	Description	Size	Color	Unit Price	Total Price
Total Due*					

*Prices include sales tax. Check payable to APYC. Mail order form and payment to APYC, P.O. Box 1935, Aransas Pass, TX 78335.