



ST. CROIX HAIR SHEEP INTERNATIONAL ASSOCIATION

WORK ORDER – FEE SCHEDULE MEMBERSHIP APPLICATION

PO Box 231, 420A Lincoln - Wamego, KS 66547
Phone: 785-456-8500 • Fax: 785-456-8599 • asregistry@yahoo.com

Name _____ Membership # _____

Farm Name _____

Address _____ Daytime Phone # _____

City, State, Zip _____ Date _____

Email Address _____

Please place me on the Website Breeders List? Yes No (circle one) Farm Prefix _____

Please provide a link to my webpage? Yes No (circle one) Webpage _____

Check one of the following:

Member

New Member Applying

Quantity

Member Price

Total Cost

A. MEMBERSHIPS

1. New Member _____ 20.00 _____

2. Annual Dues _____ 20.00 _____

B. REGISTRATIONS *Must be a Member to Register Sheep*

1. Any Age _____ 7.00 _____

PLEASE NOTE: Copies of sire/dam certificates are **NO LONGER REQUIRED** for new registrations. However, a registration application must be submitted for **all transactions** except dues payment. New SCHSIA papers will be issued for all transfers to a SCHSIA member or by requesting a duplicate certificate.

C. TRANSFERS _____ 7.00 _____

D. DUPLICATE CERTIFICATE OR TRANSFER FROM BREEDERS INC. _____ 3.00 _____

E. RUSH FEE (per each registration & transfer) _____ 5.00 _____

F. SPECIAL HANDLING

1. UPS Overnight Delivery _____ *Call to order... Must provide credit card number for direct payment to UPS* _____

2. Postal Overnight, USPS (two-three day delivery) _____ 25.00 _____

3. Priority Mail, USPS (four-five day delivery) _____ 8.00 _____

I. OTHER FEES _____

TOTAL FEES FROM ABOVE.....\$ _____

Previous Balance Due (please return invoice).....\$ _____

Previous Credit Due (please return invoice)\$ _____

TOTAL MONEY ENCLOSED – CHECK # _____ (cash or blank checks sent at own risk).....\$ _____

• **Orders without proper fees will NOT be mailed until paid in full** •

Breeding Certificate

This is to certify that Ram _____ SCHSIA Registration # _____
(Ram Name & Tag Number) *(Registration Number)*

were exposed to Ewes _____
(List Ewe Names, Tag Numbers & Association Numbers)

from _____ to _____.
(Month, Day, Year) *(Month, Day, Year)*

Owner of ewes at time of Mating: _____ Owner of ram at time of Mating: _____
(Signature) *(Signature)*

Address: _____ Address: _____

Breeding Certificate

This is to certify that Ram _____ SCHSIA Registration # _____
(Ram Name & Tag Number) *(Registration Number)*

were exposed to Ewes _____
(List Ewe Names, Tag Numbers & Association Numbers)

from _____ to _____.
(Month, Day, Year) *(Month, Day, Year)*

Owner of ewes at time of Mating: _____ Owner of ram at time of Mating: _____
(Signature) *(Signature)*

Address: _____ Address: _____