

NORTH AMERICAN PERENDALE ASSOCIATION WORK ORDER AND FEE SCHEDULE

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

Name _____ Membership # _____

Address _____ City _____ State _____ Zip _____

Email _____ Website _____

Daytime Phone # _____ Alternate Phone # _____ Date _____

Check one of the following:

Senior/Active Member
 Junior Member (until age 21)
 Non-Member
 New Member Applying

	Quantity	Member Price	Total Cost
A. MEMBERSHIPS			
1. New Senior Membership _____		5.00	
2. Annual Senior Dues _____		5.00	
3. New Junior Member (date of birth ____/____/____) _____		Free	
4. Annual Junior Dues (date of birth ____/____/____) _____		Free	
B. REGISTRATION/RECORDATION _____		5.00	
C. TRANSFER _____		5.00	
D. NEW PEDIGREE (subject to the authorization of the NAPA secretary) _____		7.50	
E. DUPLICATE CERTIFICATE _____		4.00	
F. RUSH FEE (per each registration & transfer) _____ _____		Double Fees	
G. EMERGENCY FAXES (per page - not including cover) _____		3.00	
H. SPECIAL HANDLING			
1. UPS Overnight Delivery _____		Call for pricing	same
2. Postal Overnight, USPS (two-three day delivery) _____		26.00	same
3. Priority Mail, USPS (four-five day delivery) _____		10.00	same
I. OTHER FEES			
TOTAL FEES FROM ABOVE			\$ _____

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

Previous Credit Due (please return invoice)\$ _____

TOTAL AMOUNT DUE\$ _____

PAYMENT BY CHECK # _____ OR CREDIT CARD # _____

EXPIRATION DATE ON CARD _____ THREE DIGIT CODE ON BACK OF CARD _____

ZIP CODE OF BILLING ADDRESS _____ SIGNATURE OF CARDHOLDER _____

All credit card transactions will be charged a 15 cent transaction fee and a 3.5% convenience fee on the total amount.

• ALL WORK requested MUST HAVE accompanying PAYMENT TO PROCESS •

Breeding Certificate

This is to certify that Ram _____ NAPA 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 _____ NAPA 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: _____

Artificial Insemination Certificate

This is to certify that Ewes _____
(List Ewe Names, Tag Numbers & Association Numbers)

were AI'd with _____ units/straws of semen from Ram _____ Registration # _____
(# used) *(Ram Name & Tag Number)* *(Registration #)*

Technician Print Name: _____ Date of Service: _____

Technician Signature: _____ Technician Contact Number: _____

Owner of ewes at time of Mating: _____ Owner of ram / semen at time of Mating: _____
(Signature) *(Circle one)* *(Signature)*

Address: _____ Address: _____