

CORMO BREEDERS COALITION, INC. WORK ORDER AND FEE SCHEDULE

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

Name _____ Membership # _____

Address _____ Website _____

City, State, Zip _____ Date _____

Phone # _____ Fax # _____ E-mail _____

Check one of the following:

Member paying dues

New Member Applying

| | Quantity | Member Price | Total Cost |
|--|----------|--------------|------------|
| A. MEMBERSHIPS | | | |
| 1. New Senior Member _____ | | 25.00 | |
| 2. Annual Senior Dues _____ | | 25.00 | |
| B. REGISTRATIONS | | | |
| 1. Any age of sheep _____ | | 10.00 | |
| C. OTHER ASSOCIATION REGISTRATION | | | |
| 1. Non CBCI registered Cormos from other Cormo Associations <i>(please submit a copy OF the pedigree)</i> _____ | | 10.00 | |
| D. TRANSFERS | | | |
| 1. Transfers of ownership _____ | | 7.50 | |
| E. DUPLICATE CERTIFICATE _____ | | | |
| | | 7.50 | |
| F. EMERGENCY FAX <i>(per page - not including cover)</i> _____ | | | |
| | | 4.00 | |
| G. RUSH FEES <i>(per each registration & transfer)</i> _____ | | | |
| | | 10.00 | |
| H. SPECIAL HANDLING | | | |
| 1. UPS Overnight Delivery _____ | | | |
| 2. Postal Overnight, USPS <i>(two-three day delivery)</i> _____ | | 26.00 | |
| 3. Priority Mail, USPS <i>(four-five day delivery)</i> _____ | | 10.00 | |

*Call to order...
Must provide credit card number
direct payment to UPS*

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 _____ 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 _____ 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: _____

Embryo Transfer Certificate

This is to certify that Ewe _____ Registration # _____
(Donor Ewe's Name & Tag Number) *(Ewe's Registration Number)*

was flushed and _____ eggs were recovered on _____ bred to Ram _____
(# eggs) *(Month, Day, Year)* *(Ram Name & Tag Number)*

Registration # _____ eggs were implanted into recipient ewes on _____
(Ram's Registration Number) *(# eggs)* *(Month, Day, Year)*

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: _____