

BABYDOLL SOUTHDOWN SHEEP BREEDERS 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 _____ Website _____

City, State, Zip _____ Date _____

Phone # _____ Fax # _____ E-mail _____

Check one of the following:

Adult Member

Junior Member
(until age 21)

New Member Applying

Lifetime Dues

	Quantity	Member Price	Total Cost
A. MEMBERSHIPS			
1. New Adult Member _____		16.50	
2. Annual Adult Dues _____		16.50	
3. New Junior Member <small>(date of birth ____/____/____)</small> _____		11.50	
4. Junior Dues <small>(date of birth ____/____/____)</small> _____		11.50	
5. Lifetime Membership _____		300.00	
B. REGISTRATIONS			
1. Animals under 1 year of age _____		6.50	
2. Animals over 1 year of age _____		9.50	
3. Input of Pedigree (up to 5 generations) _____		5.50	
C. TRANSFERS			
1. All transfers _____		6.50	
D. DUPLICATE CERTIFICATE _____			
		6.50	
E. RUSH FEE <small>(per each registration & transfer)</small> _____			
		<i>Double Fees</i>	
F. EMERGENCY FAXES <small>(per page - not including cover)</small> _____			
		4.50	
G. SPECIAL HANDLING _____			
1. UPS Overnight Delivery _____		<i>Call to Order</i>	
2. Postal Overnight, USPS <small>(two-three day delivery)</small> _____		26.00	
3. Priority Mail, USPS <small>(four-five day delivery)</small> _____		10.00	
H. 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 _____ BSSBA Registration # _____
(Ram Name & Tag Number) *(Registration Number)*

was 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 _____ BSSBA Registration # _____
(Ram Name & Tag Number) *(Registration Number)*

was 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: _____