

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 _____		15.00	
2. Annual Adult Dues _____		15.00	
3. New Junior Member (date of birth ____/____/____) _____		10.00	
4. Junior Dues (date of birth ____/____/____) _____		10.00	
5. Lifetime Membership _____		300.00	
B. REGISTRATIONS			
1. Animals under 1 year of age _____		5.00	
2. Animals over 1 year of age _____		8.00	
3. Input of Pedigree (up to 5 generations) _____		4.00	
C. TRANSFERS			
1. All transfers _____		5.00	
D. DUPLICATE CERTIFICATE _____			
		5.00	
E. RUSH FEE (per each registration & transfer) _____			
		<i>Double Fees</i>	
F. EMERGENCY FAXES (per page - not including cover) _____			
		3.00	
G. SPECIAL HANDLING _____			
1. UPS Overnight Delivery _____		<i>Call to Order</i>	
2. Postal Overnight, USPS (two-three day delivery) _____		26.00	
3. Priority Mail, USPS (four-five day delivery) _____		8.00	

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: _____