



AMERICAN NORTH COUNTRY CHEVIOT SHEEP ASSOCIATION WORK ORDER AND FEE SCHEDULE

Phone: 785-456-8500 • PO Box 27 • Sedalia, MO 65302 • Email: asregistry@gmail.com

Name: _____ Membership# _____

Address _____ City _____ State _____ Zip _____

Email _____ Website _____

Daytime: _____ Alternate: _____ Date: _____

Between 8-5

Check one of the following:

- Senior/Active Member
 Junior Member
 Non-Member
 New Member Applying
**Until Age 21*

A. Memberships

	Quantity	Member Price	Non-Member Price	Total Cost
1. New Senior Membership _____		25.00	XXX	
2. Annual Senior Dues _____		20.00	XXX	
3. New Junior Member (date of birth ___/___/___)		10.00	XXX	
4. Annual Junior Dues (date of birth ___/___/___)		10.00	XXX	
5. Associate Dues _____		15.00	XXX	

B. Registrations

United States

1. Animal under 1 year of age _____		8.00	16.00	
2. Animal over 1 year _____		13.00	26.00	

C. Transfers

1. Under 3 month delay (from date of Sale) _____		8.00	16.00	
2. Over 3 month delay (from date of Sale) _____		11.00	22.00	

D. Duplicate Certificate

_____		5.00	Same	
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E. Christening Fee (maximum of 25 letters/numbers) _____

_____		5.00	5.00	
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F. Rush Fee (per each registration & transfer) _____

_____		Double fees	Same	
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G. Emergency Faxes (per page - not including cover) _____

_____		5.00	8.00	
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H. Special Handling

1. UPS Overnight Delivery _____		Call for pricing	Same	
2. Postal Overnight, USPS (two-three day delivery) _____		33.00	Same	
3. Priority Mail, USPS (four-five day delivery) _____		11.00	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.

Breeding Certificate

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