

AMERICAN RAMBOUILLET SHEEP BREEDERS ASSOCIATION WORK ORDER AND FEE SCHEDULE

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

Name _____ Membership # _____

Address _____ Website _____

City, State, Zip _____ Date _____

Phone # _____ Fax # _____ E-mail _____

Check one of the following:

Senior/Active Member
 Junior Member (until age 19)
 Non-Member
 New Member Applying

	Quantity	Member Price	Non-Member Price	Total Cost
A. MEMBERSHIPS				
1. New Senior Member (include 1st year dues) _____		40.00	xxx	
2. Annual Senior Dues _____		40.00	xxx	
3. New Junior Member (date of birth ____/____/____) _____		15.00	xxx	
4. Annual Junior Dues (date of birth ____/____/____) _____		15.00	xxx	
5. Reinstate Membership _____		10.00	xxx	
B. REGISTRATIONS				
1. Under 12 months of age _____		7.00	14.00	
2. Over 12 months of age _____		14.00	28.00	
C. TRANSFERS				
1. Under 60 days from day of sale _____		6.00	12.00	
2. Over 60 days from day of sale _____		12.00	24.00	
D. DUPLICATE CERTIFICATE _____		4.00	same	
E. EXTENDED PEDIGREE (only if not already provided on paper) _____		20.00	40.00	
F. NAME CHANGE / CHRISTENING				
1. Rams _____		15.00	30.00	
2. Ewes _____		10.00	20.00	
G. RUSH FEE (per each registration & transfer) _____		Double Fees	same	
H. EMERGENCY FAXES (per page - not including cover) _____		3.00	6.00	
I. 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	

J. 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: _____

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: _____