

CORMO BREEDERS COALITION, INC. 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:

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> _____		33.00	
3. Priority Mail, USPS <i>(four-five day delivery)</i> _____		11.00	
<i>Call to order... Must provide credit card number direct payment to UPS</i>			
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)

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 _____ 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: _____

Artificial Insemination Certificate

This is to certify that Ewes _____
(List Ewe Names, Tag Numbers & Association Numbers)

Was 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: _____