



NORTH AMERICAN SUFFOLK SHEEP SOCIETY 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 Phone #: _____ Alternate Phone #: _____

Check one of the following:

- Senior/Active Member
 Junior Member (until age 21)
 New Member Applying
 Non-member

A. MEMBERSHIPS

	Quantity	Member price	Non-Member Price	Total
1. New Senior Member _____		\$50.00		
2. Senior Member Dues _____		\$50.00		
3. New Junior Member (date of birth ___/___/___) _____		\$15.00		
4. Junior Member Dues (date of birth ___/___/___) _____		\$15.00		

B. REGISTRATIONS

1. Registrations under one year of age _____		\$6.00	\$25.00	
2. Registrations over one year of age _____		\$15.00	\$25.00	
3. Re-register from other organization _____		\$6.00	XXX	

C. TRANSFERS

1. Transfer of Ownership _____		\$10.00	\$10.00	
2. Transfer within Family _____		\$4.00	\$10.00	

D. DUPLICATE CERTIFICATE

_____		\$5.00	\$5.00	
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E. NAME CHANGE/CHRISTENING

_____		\$15.00	XXX	
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F. RUSH FEE (per each registration and transfer)

_____		\$25.00	\$25.00	
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G. EMERGENCY FAXES/EMAIL DOCUMENTS

_____		\$3.00	\$3.00	
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H. SPECIAL HANDLING

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

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)
were 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: _____