



AMERICAN MULEFOOT BREEDERS 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 Phone # _____ Alternate Phone # _____ Date _____

Check one of the following:

Breeder Youth Supporter Non-Member

	Quantity	Member Price	Non-Member Price	Total Cost
A. MEMBERSHIP				
1. New Breeder Member _____		35.00		
2. Annual Breeder Dues _____		35.00		
3. New Youth Member (date of birth ___/___/___) _____		20.00		
4. Youth Dues (date of birth ___/___/___) _____		20.00		
5. Supporter Dues _____		30.00		
B. REGISTRATIONS				
1. Animal under 4 months _____		20.00	30.00	
2. Animal over 4 months _____		35.00	45.00	
3. Litter _____		40.00	50.00	
4. 4-H Animal _____		5.00	10.00	
C. REGISTRATION WITH TRANSFER (done at time of registration) _____		25.00	(piglet only) 35.00	
D. TRANSFERS _____		20.00	30.00	
E. DUPLICATE CERTIFICATE _____		10.00	20.00	
F. RUSH FEE (per each registration & transfer) _____		10.00	20.00	
G. EMERGENCY EMAIL DOCUMENTS (per page) _____		5.00		
H. SPECIAL HANDLING				
1. UPS Overnight Delivery _____		<i>call for pricing 785-456-8500</i>		
2. Postal Overnight, USPS (two-three day delivery) _____		33.00		
3. Priority Mail, USPS (four-five day delivery) _____		11.00		
I. OTHER FEES				

TOTAL FEES FROM ABOVE \$ _____

Previous Balance Due (please return invoice) \$ _____

Previous Credit due (please return invoice) \$ _____

TOTAL AMOUNT DUE \$ _____

PAYMENT BY (mark one of the following)

PayPal Check # _____ CC/DC Credit Due (return invoice)

1. **PayPal** - send copy of worksheet, signed Registration Application via email to: asregistry@gmail.com
 2. **Check** payment: note check # above, mail check to AMBA, PO Box 2667, Chester, VA 23831 Email Worksheet, signed Registration Application to asregistry@gmail.com or mail with check. **Do NOT send checks to Kansas address.**
 3. **Credit Card**: complete card info and send with signed Registration and/or Membership Application via email to asregistry@gmail.com or mail to: AMBA Registry, PO Box 27, Sedalia, MO 65302
 Check your membership status and include Membership Application for New Membership or Renewals. Delays in processing or additional charges will apply for those in arrears in yearly Membership Dues. Email or mail with other documents.

PAYMENT BY CREDIT CARD # _____

EXP DATE ___/___/___ **SECURITY CODE** _____ **BILLING ZIP** _____

CARDHOLDER SIGNATURE _____

All credit card transactions will be charged a 15 cent transaction fee and 3.5% convenience fee on the total amount

**• ALL WORK requested MUST HAVE accompanying
PAYMENT TO PROCESS •**

PLEASE NOTE: == >> ALL Transfers, AMHA to AMBA registrations and Bill of Sale documents require *ORIGINALS* to be mailed to: AMBA Registry, PO Box 27, Sedalia, MO 65302 (original documents will be returned once processed.) << ==
 **** Please keep copies of ALL originals for your records! ****