

THE AMERICAN AND DELAINE MERINO RECORD ASSOCIATION WORK ORDER AND FEE SCHEDULE

Phone: 785-456-8500 • PO Box 231, 420A Lincoln - Wamego, KS 66547 • Fax: 785-456-8599 • Email: asregistry@gmail.com

Name _____ Membership# _____

Address _____ Website _____

City, State, Zip _____ Date _____

Phone # _____ Fax # _____ E-mail _____

Check one of the following:

Senior Member
(age 18 or older)

Junior Member
(under age 18)

New Member Applying

	Quantity	Member Price	Total Cost
A. MEMBERSHIPS			
1. Lifetime Membership Fee <i>(one-time fee for New Members)</i> _____		15.00	
2. New Senior Member _____		20.00	
3. Annual Senior Dues _____		20.00	
4. New Junior Member _____		Free	
5. Junior Dues <i>(date of birth ____ / ____ / ____)</i> _____		Free	
B. REGISTRATIONS			
1. Lambs up to one year of age _____		8.00	
2. Sheep older than one year of age _____		12.00	
3. From Another Merino Assn. _____		6.00	
C. TRANSFERS			
1. If Recorded within 60 days of sale _____		6.00	
2. If Recorded after 60 days of sale _____		10.00	
D. DUPLICATE CERTIFICATE _____		4.00	
E. CHRISTENING/NAMING FEE _____		25.00	
F. Rush Fees <i>(per ech registration and Transfer fee)</i> _____		10.00	
G. EMERGENCY FAXES <i>(per page - not including cover)</i> _____		5.00	
H. SPECIAL HANDLING			
1. UPS Overnight Delivery _____		Call to order... Must provide credit card number for direct payment to UPS	
2. Postal Overnight, USPS <i>(two-three day delivery)</i> _____		30.00	
3. Priority Mail, USPS <i>(four-five day delivery)</i> _____		10.00	
I. OTHER FEES _____			

Kaley Walden, ADMRA Secretary
 138 Gearhart Rd. - Pulaski, PA 16143
 admerinos@gmail.com

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: _____

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: _____