

# AMERICAN BORDER LEICESTER 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 21)    
 ☐ Non-Member    
 ☐ New Member Applying

	Quantity	Member Price	Non-Member Price	Total Cost
<b>A. MEMBERSHIPS</b>				
1. New Senior Member _____		35.00		
2. Annual Senior Dues _____		35.00		
3. New Junior Member (date of birth ____/____/____) _____		25.00		
3. Junior Dues (date of birth ____/____/____) _____		25.00		
<b>B. REGISTRATIONS</b> _____				
		7.00	14.00	
<b>C. TRANSFERS</b> _____				
		7.00	14.00	
<b>D. DUPLICATE CERTIFICATE</b> _____				
		3.00	same	
<b>E. RUSH FEE</b> (per each registration & transfer) _____				
		5.00	same	
<b>F. EMERGENCY FAXES</b> (per page - not including cover) _____				
		3.00	same	
<b>G. SPECIAL HANDLING</b>				
1. UPS Overnight Delivery _____				
2. Postal Overnight, USPS (two-three day delivery) _____		33.00	same	
3. Priority Mail, USPS (four-five day delivery) _____		11.00	same	
<b>H. OTHER FEES</b> _____				

**Please send Membership Dues to:**  
 Stephanie LaRochelle  
 457 Battle Street  
 Webster, NH 03303  
 Phone: (603) 746-3712

**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: \_\_\_\_\_

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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: \_\_\_\_\_

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(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: \_\_\_\_\_