

AMERICAN ILE-DE-FRANCE SHEEP 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 _____
Between 8-5

Check one of the following:

Member

Non-Member

New Member Applying

A. MEMBERSHIPS

1. New Membership Dues _____	Quantity	Member Price	Non-Member Price	Total Cost
2. Annual Dues _____	_____	\$20.00	XX	_____
3. New Gift Membership _____	_____	\$20.00	XX	_____
	_____	FREE	XX	_____

(purchase of a fullblood ewe from a current member by a current non-member)

New Membership for: (New member's Name) _____ (New Member's Email) _____

(New Member's Address & Phone Number) _____

B. REGISTRATIONS

1. Animal under 18 Months old _____	_____	\$6.00	\$12.00	_____
2. Animal over 18 Months old _____	_____	\$12.00	\$24.00	_____

C. TRANSFERS

1. Under 90 days (<i>from date of sale</i>) _____	_____	\$6.00	\$12.00	_____
2. Over 90 days (<i>from date of sale</i>) _____	_____	\$12.00	\$24.00	_____

D. EXTENDED PEDIGREE _____

E. DUPLICATE CERTIFICATE _____

G. RUSH FEE (*per each registration & transfer*) _____

H. EMERGENCY FAXES/EMAILS (*per page - not including cover*) _____

I. EXPEDITED POSTAGE IF DESIRED

1. UPS Overnight Delivery _____	Call for pricing	_____
2. Postal Overnight, USPS (<i>two-three day delivery</i>) _____	33.00	_____
3. Priority Mail, USPS (<i>four-five day delivery</i>) _____	11.00	_____

J. OTHER FEES _____

TOTAL FEES FROM ABOVE \$ _____

Previous Balance Due (*please return invoice*) \$ _____

Previous Credit Due (*please return invoice*) \$ _____

TOTAL AMOUNT DUE \$ _____

PAYMENT BY CHECK # _____ (MAKE CHECKS PAYABLE TO FETT GRAIN & LIVESTOCK, INC.)

(A \$50 PENALTY FEE FOR ALL RETURND CHECKS) 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 _____ AIDFSA 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: _____
(Signature) Owner of ram at time of Mating: _____
(Signature)

Address: _____ Address: _____

Breeding Certificate

This is to certify that Ram _____ AIDFSA Registration# _____
(Ram Name & Tag Number) (Registration Number)

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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: _____
(Signature) Owner of ram at time of Mating: _____
(Signature)

Address: _____ Address: _____