

AMERICAN ÎLE-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

	Quantity	Member Price	Non-Member Price	Total Cost
A. MEMBERSHIPS				
1. New Membership Dues _____		\$20.00 _____	XX _____	
2. Annual Dues _____		\$20.00 _____	XX _____	
3. New Gift Membership _____		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 <i>(per each registration & transfer)</i> _____				
H. EMERGENCY FAXES/EMAILS <i>(per page - not including cover)</i> _____				
I. EXPEDITED POSTAGE IF DESIRED				
1. UPS Overnight Delivery _____		<i>Call for pricing</i> _____		
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 RETUREND 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: _____ Owner of ram at time of Mating: _____
(Signature) (Signature)

Address: _____ Address: _____

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

Address: _____ Address: _____