



AUSTRALIAN WHITE SHEEP USA

WORK ORDER AND FEE SCHEDULE

Mail to: PO Box 27, Sedalia, MO 65302

Questions? 785-456-8500 (Associated Registry Office Phone)

Name _____ Membership # _____

Address _____ Website _____

City, State, Zip _____ Date _____

Phone # _____ Fax # _____ E-mail _____

Check one of the following:

☐

Member

☐

New Member Applying

A. MEMBERSHIPS

| | Quantity | | Total Cost |
|---|----------|-------|------------|
| 1. Membership --Dues paid by January 31st | | 45.00 | |
| 2..Membership--Dues paid after January 31st | | 60.00 | |

B. REGISTRATIONS/ RECORDATION

*For Fullblood and Purebred Ewes (F1-F5) and Purebred F6 Rams
(No animals can be registered/recorded via AI/Embryo Transplant without
Semen Sale Form or Embryo Flush AWUSA form on file)*

| | | | |
|--|--|-------|--|
| 1. 2 Years old and Younger | | 8.00 | |
| 2. Older than 2 Years Old | | 16.00 | |
| 3. Add Animal Name to Registration Certificate | | 20.00 | |

C. TRANSFERS

| | | | |
|---|--|-------|--|
| 1. Ewes under 60 days (from date of sale) | | 8.00 | |
| 2. Ewes over 60 days (from date of sale) | | 16.00 | |
| 3. Rams under 60 days (from date of sale) | | 8.00 | |
| 4. Rams over 60 days (from date of sale) | | 16.00 | |

| | | | | |
|---------------------------|--|-------|------|--|
| CI. DUPLICATE CERTIFICATE | | 10.00 | same | |
|---------------------------|--|-------|------|--|

| | | | | |
|---|--|-------|------|--|
| CII. EMERGENCY FAXES (per page - not including cover) | | 25.00 | same | |
|---|--|-------|------|--|

F. SPECIAL HANDLING

| | Quantity | | Call to order... Must provide credit card number for direct payment to UPS | same | |
|--|----------|-------|--|------|--|
| 1. UPS Overnight Delivery | | | | | |
| 2. Postal Overnight, USPS (two-three day delivery) | | 26.00 | | same | |
| 3. Priority Mail, USPS (four-five day delivery) | | 10.00 | | same | |

G. OTHER FEES _____

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 •