

AMERICAN POLYPAY SHEEP 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:

Member

Non-Member

New Member Applying

A. MEMBERSHIPS

1. New Membership _____	Quantity	Member Price	Non-Member Price
2. Annual Dues _____		25.00	xxx
3. New Gift Membership _____		30.00	xxx
<i>(Current Member paying 1st time Membership for a Current Non-Member)</i>			

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

(New Member's Address & Phone Number) _____

B. REGISTRATIONS

1. Under 21 Months old _____	7.00	14.00	
2. Over 21 Months old _____	10.00	20.00	

C. TRANSFERS

1. Under 90 days (from date of sale) _____	7.00	14.00	
2. Over 90 days (from date of sale) _____	14.00	28.00	

D. DUPLICATE CERTIFICATE

E. CHRISTENING/NAMING FEE _____ 5.00 10.00

F. RUSH FEE (per each registration & transfer) _____ 30.00 30.00

G. SPECIAL HANDLING _____ Double Fees same

H. OTHER FEES _____ 5.00 same

*Call to order...
Must provide credit card number
for direct payment to UPS* _____ same

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** •

Updated 12/15/2025

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: _____

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: _____