

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

	Quantity	Member Price	Non-Member Price	Total Cost
1. New Membership _____		25.00	xxx	
2. Annual Dues _____		30.00	xxx	
3. New Gift Membership _____ (Current Member paying 1st time Membership for a Current Non-Member)		10.00	xxx	
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

_____		5.00	10.00	
-------	--	------	-------	--

E. CHRISTENING/NAMING FEE

_____		30.00	30.00	
-------	--	-------	-------	--

E. RUSH FEE (per each registration & transfer)

_____		Double Fees	same	
-------	--	-------------	------	--

F. EMERGENCY FAXES (per page - not including cover)

_____		5.00	same	
-------	--	------	------	--

G. SPECIAL HANDLING

1. UPS Overnight Delivery _____		Call to order... Must provide credit card number for direct payment to UPS	same	
2. Postal Overnight, USPS (two-three day delivery) _____		33.00	same	
3. Priority Mail, USPS (four-five day delivery) _____		11.00	same	

H. 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 •

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: _____