



# NORTH AMERICAN SUFFOLK SHEEP SOCIETY 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 #: \_\_\_\_\_

Check one of the following:

- Senior/Active Member    
  Junior Member (until age 21)    
  New Member Applying    
  Non-member

### A. MEMBERSHIPS

	Quantity	Member price	Non-Member Price	Total
1. New Senior Member _____		\$50.00		
2. Senior Member Dues _____		\$50.00		
3. New Junior Member (date of birth ___/___/___) _____		\$15.00		
4. Junior Member Dues (date of birth ___/___/___) _____		\$15.00		

### B. REGISTRATIONS

1. Registrations under one year of age _____		\$6.00	\$25.00	
2. Registrations over one year of age _____		\$15.00	\$25.00	
3. Re-register from other organization _____		\$6.00	XXX	

### C. TRANSFERS

1. Transfer of Ownership _____		\$10.00	\$10.00	
2. Transfer within Family _____		\$4.00	\$10.00	

### D. DUPLICATE CERTIFICATE

_____		\$5.00	\$5.00	
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### E. NAME CHANGE/CHRISTENING

_____		\$15.00	XXX	
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### F. RUSH FEE (per each registration and transfer)

_____		\$25.00	\$25.00	
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### G. EMERGENCY FAXES/EMAIL DOCUMENTS

_____		\$3.00	\$3.00	
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### H. SPECIAL HANDLING

1. UPS Overnight Delivery _____			Call for pricing	
2. Postal Overnight, USPS (two-three day delivery) _____			\$33.00	
3. Priority Overnight, USPS (four-five day delivery) _____			\$11.00	

**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** •

## Breeding Certificate

This is to certify that Ram \_\_\_\_\_ Registration # \_\_\_\_\_  
(Ram Name & Tag Number) (Registration Number)  
was 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)  
was 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: \_\_\_\_\_

## Artificial Insemination Certificate

This is to certify that Ewes \_\_\_\_\_  
(List Ewe Names, Tag Numbers & Association Numbers)  
were AI'd with \_\_\_\_\_ units/straws of semen from Ram \_\_\_\_\_ Registration # \_\_\_\_\_  
(# used) (Ram Name & Tag Number) (Registration #)  
Technician Print Name: \_\_\_\_\_ Date of Service: \_\_\_\_\_  
Technician Signature: \_\_\_\_\_ Technician Contact Number: \_\_\_\_\_  
Owner of ewes at time of Mating: \_\_\_\_\_ Owner of ram / semen at time of Mating: \_\_\_\_\_  
(Signature) (Circle one) (Signature)  
Address: \_\_\_\_\_ Address: \_\_\_\_\_

## Embryo Transfer Certificate

This is to certify that Ewe \_\_\_\_\_ Registration # \_\_\_\_\_  
(Donor Ewe's Name & Tag Number) (Ewe's Registration Number)  
was flushed and \_\_\_\_\_ eggs were recovered on \_\_\_\_\_ bred to Ram \_\_\_\_\_  
(# eggs) (Month, Day, Year) (Ram Name & Tag Number)  
Registration # \_\_\_\_\_ eggs were implanted into recipient ewes on \_\_\_\_\_  
(Ram's Registration Number) (# eggs) (Month, Day, Year)  
Technician Print Name: \_\_\_\_\_ Date of Service: \_\_\_\_\_  
Technician Signature: \_\_\_\_\_ Technician Contact Number: \_\_\_\_\_  
Owner of ewes at time of Mating: \_\_\_\_\_ Owner of ram / semen at time of Mating: \_\_\_\_\_  
(Signature) (Circle one) (Signature)  
Address: \_\_\_\_\_ Address: \_\_\_\_\_