

AMERICAN CORMO SHEEP ASSOCIATION WORK ORDER AND FEE SCHEDULE

Phone: 785-456-8500 • PO Box 231, 305 Lincoln - Wamego, KS 66547 • Fax: 785-456-8599 • asregistry@gmail.com

Name _____ Membership # _____

Address _____ Website _____

City, State, Zip _____ Date _____

Phone # _____ Fax # _____ E-mail _____

Check one of the following:

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

A. MEMBERSHIPS

Complete membership form on ACSA web site for new or renewal and submit, with check payable to ACSA, to:
 Lynn Wilkins, Secretary
 American Cormo Sheep Association
 PO Box 22
 Condon, OR 97823

	Quantity	Member Price	Junior Price	Associate/Non-Member Price	Total Cost
B. REGISTRATIONS					
1. Animal under 12 months _____		7.50	6.50	15.00	
2. Animal over 12 months _____		10.00	8.50	15.00	
C. TRANSFERS					
1. Animal under 90 days from sale _____		7.50	6.50	15.00	
2. Animal over 90 days from sale _____		10.00	8.50	15.00	
D. DUPLICATE CERTIFICATE _____		7.50	6.50	15.00	
E. EXTENDED SHEEP PEDIGREE _____		7.50	6.50	15.00	
F. RUSH FEE <small>(per each registration & transfer)</small> _____		5.00	5.00	5.00	
G. EMERGENCY FAXES <small>(per page - not including cover)</small> _____		3.00	3.00	3.00	
H. SPECIAL HANDLING					
1. UPS Overnight Delivery _____		<small>Call to order... Must provide credit card number for direct payment to UPS</small>			
2. Postal Overnight, USPS <small>(two-three day delivery)</small> _____		23.00	same	same	
3. Priority Mail, USPS <small>(four-five day delivery)</small> _____		6.50	same	same	
I. 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.

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: _____