

# AMERICAN HAMPSHIRE SHEEP ASSOCIATION WORK ORDER AND FEE SCHEDULE

Phone: 785-456-8500 • PO Box 231, 420A Lincoln - Wamego, KS 66547 • Fax: 785-456-8599 • asregistry@gmail.com

Name \_\_\_\_\_ Membership # \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Email \_\_\_\_\_ Website \_\_\_\_\_  
 Daytime Phone # \_\_\_\_\_ Alternate Phone # \_\_\_\_\_ Phone # \_\_\_\_\_  
 Phone # \_\_\_\_\_ *Between 8-5* \_\_\_\_\_ Phone # \_\_\_\_\_ to list on website \_\_\_\_\_

Check one of the following:

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

A. MEMBERSHIPS	Quantity	Member Price	Non-Member	Total Cost
1. New Senior Member _____	25.00	xxxx		
2. Annual Senior Dues _____	25.00	xxxx		
3. Lifetime Senior Member <i>(price dependent on years of membership)</i> _____	Call for pricing	xxxx		
4. New Junior Member <i>(date of birth ____/____/____)</i> _____	15.00	xxxx		
5. Junior Dues <i>(date of birth ____/____/____)</i> _____	15.00	xxxx		
6. Multiple Juniors on One Account Dues _____	25.00	xxxx		
7. Heartbeat Subscription <i>(only if not Sr or Jr Member)</i> _____	15.00	xxxx		
<b>B. REGISTRATIONS</b>				
<i>Post marked Sept 1- April 30</i>				
<i>**Must be a member to register Hampshire**</i>				
1. Animal under 12 months _____	5.00	xxxx		
2. Animal over 12 months _____	9.00	xxxx		
<i>Post marked May 1 - August 31</i>				
1. Animal under 12 months _____	9.00	xxxx		
2. Animal over 12 months _____	15.00	xxxx		
<b>C. TRANSFERS</b>				
1. 90 days and under <i>(from date of sale)</i> _____	10.00	10.00		
2. Over 90 days <i>(from date of sale)</i> _____	20.00	20.00		
<b>D. DUPLICATE CERTIFICATE</b> _____				
<b>E. NAME CHANGE / CHRISTENING</b> _____				
<b>F. RUSH FEE</b> <i>(per each registration &amp; transfer)</i> _____				
<b>G. EMERGENCY FAXES / EMAIL DOCUMENTS</b> <i>(per page)</i> _____				
<b>H. SPECIAL HANDLING</b>				
1. UPS Overnight Delivery _____	Call for pricing			
2. Postal Overnight, USPS <i>(two-three day delivery)</i> _____	26.00	26.00		
3. Priority Mail, USPS <i>(four-five day delivery)</i> _____	10.00	10.00		
<b>I. WEBSITE BREEDER LINK</b> <i>(per calendar year)</i> _____				
<b>J. 11x17 PEDIGREE PEN CARDS</b> <i>(provide list of animals)</i> _____				
<b>K. ANNUAL FLOCK BOOK</b> <i>(specify year)</i> _____				
<b>L. LAMBING BOOKS</b> <i>(maximum of two)</i> _____				
free upon request				
<b>M. AMERICAN HAMPSHIRE SHEEP ASSOCIATION HOODIE</b> <i>(specify size at color S-3X)</i> _____				
25.00 Blue _____ Red _____				
<b>N. AMERICAN HAMPSHIRE SHEEP ASSOCIATION HATS</b> <i>(circle color choice)</i> _____				
13.00 Gray Tan Red				
<b>O. AMERICAN HAMPSHIRE SHEEP ASSOCIATION T-SHIRTS</b> <i>(specify size at color S-3X)</i> _____				
13.00 Gray _____ Pink _____				
Red _____ Blue _____				
<b>P. POSTAGE FOR AHSA STORE ITEMS</b> _____ one item: 10.00 two or more: 19.00				
<b>Q. OTHER FEES</b> _____				

**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)*  
was 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: \_\_\_\_\_