

AMERICAN HAMPSHIRE SHEEP ASSOCIATION 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 # _____ Phone # _____
 Phone # _____ *Between 8-5* _____ Phone # _____ to list on website _____

Check one of the following:

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

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. REGISTRATIONS				
<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		
C. TRANSFERS				
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		
D. DUPLICATE CERTIFICATE _____				
E. NAME CHANGE / CHRISTENING _____				
F. RUSH FEE <i>(per each registration & transfer)</i> _____				
G. EMERGENCY FAXES / EMAIL DOCUMENTS <i>(per page)</i> _____				
H. SPECIAL HANDLING				
1. UPS Overnight Delivery _____	Call for pricing			
2. Postal Overnight, USPS <i>(two-three day delivery)</i> _____	33.00	33.00		
3. Priority Mail, USPS <i>(four-five day delivery)</i> _____	11.00	11.00		
I. WEBSITE BREEDER LINK <i>(per calendar year)</i> _____				
J. 11x17 PEDIGREE PEN CARDS <i>(provide list of animals)</i> _____				
K. ANNUAL FLOCK BOOK <i>(specify year)</i> _____				
L. LAMBING BOOKS <i>(maximum of two)</i> _____				
free upon request				
M. AMERICAN HAMPSHIRE SHEEP ASSOCIATION HOODIE <i>(specify size at color S-3X)</i> _____				
N. AMERICAN HAMPSHIRE SHEEP ASSOCIATION HATS <i>(circle color choice)</i> _____				
O. AMERICAN HAMPSHIRE SHEEP ASSOCIATION T-SHIRTS <i>(specify size at color S-3X)</i> _____				
P. POSTAGE FOR AHSA STORE ITEMS _____ one item: 10.00 two or more: 22.00				
Q. 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 •

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: _____