

# AMERICAN POLYPAY SHEEP ASSOCIATION WORK ORDER AND FEE SCHEDULE

Phone: 785-456-8500 • PO Box 231, 305 Lincoln - Wamego, KS 66547 • Fax: 785-456-8599

Name \_\_\_\_\_ Membership # \_\_\_\_\_

Address \_\_\_\_\_ Website \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Date \_\_\_\_\_

Phone # \_\_\_\_\_ Fax # \_\_\_\_\_ E-mail \_\_\_\_\_

Check one of the following:

Member

Non-Member

New Member Applying

	Quantity	Member Price	Non-Member Price	Total Cost
<b>A. MEMBERSHIPS</b>				
1. New Membership _____		25.00	xxx	
2. Annual Dues _____		25.00	xxx	
3. New Gift Membership _____ <i>(Current Member paying 1st time Membership for a Current Non-Member)</i>		10.00	xxx	
New Membership for: <i>(New Member's Name)</i> _____ <i>(New Member's Address &amp; Phone Number)</i> _____				
<b>B. REGISTRATIONS</b>				
1. Under 21 Months old _____		5.00	10.00	
2. Over 21 Months old _____		10.00	20.00	
<b>C. TRANSFERS</b>				
1. Under 90 days <i>(from date of sale)</i> _____		5.00	10.00	
2. Over 90 days <i>(from date of sale)</i> _____		10.00	20.00	
<b>D. DUPLICATE CERTIFICATE</b> _____		5.00	10.00	
<b>E. CHRISTENING/NAMING FEE</b> _____		30.00	30.00	
<b>E. RUSH FEE</b> <i>(per each registration &amp; transfer)</i> _____		<i>Double Fees</i>	<i>same</i>	
<b>F. EMERGENCY FAXES</b> <i>(per page - not including cover)</i> _____		3.00	<i>same</i>	
<b>G. SPECIAL HANDLING</b>				
1. UPS Overnight Delivery _____			<i>Call to order... Must provide credit card number for direct payment to UPS</i>	
2. Postal Overnight, USPS <i>(two-three day delivery)</i> _____		24.00	<i>same</i>	
3. Priority Mail, USPS <i>(four-five day delivery)</i> _____		7.00	<i>same</i>	

**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** •

## 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: \_\_\_\_\_

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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: \_\_\_\_\_

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(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: \_\_\_\_\_