



# North American Savannah 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

New Member Applying

Non-Member

**A. MEMBERSHIPS**

	Quantity	Member Price	Non-Member Price	Total Cost
1. New Member _____	<input type="text"/>	50.00	N/A	<input type="text"/>
2. Annual Membership Dues <i>(due each calendar year)</i> _____	<input type="text"/>	50.00	N/A	<input type="text"/>

If new member applying, please provide your Flock Name Choice. Each animal registered is identified with a flock name.

Flock Name Choice: 1st option \_\_\_\_\_

2nd option \_\_\_\_\_

I certify that I desire to become a member of the North American Savannah Association. I agree to honorably promote the Savannah goat breed, support and obey the North American Savannah Association Articles of Incorporation and Bylaws.

Breeder Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**B. REGISTRATIONS**

1. Fullblood Registrations <i>(under 18 months)</i> _____	<input type="text"/>	10.00	20.00	<input type="text"/>
2. Fullblood Registrations <i>(over 18 months)</i> _____	<input type="text"/>	20.00	40.00	<input type="text"/>
3. Purebred Registrations <i>(under 18 months)</i> _____	<input type="text"/>	10.00	20.00	<input type="text"/>
4. Purebred Registrations <i>(over 18 months)</i> _____	<input type="text"/>	20.00	40.00	<input type="text"/>
5. Percentage Registrations <i>(under 18 months)</i> _____	<input type="text"/>	5.00	10.00	<input type="text"/>
6. Percentage Registrations <i>(over 18 months)</i> _____	<input type="text"/>	10.00	20.00	<input type="text"/>

**C. RE-REGISTRATIONS** *(enclose original certificate form other organization)* \_\_\_\_\_

**D. TRANSFERS**

1. Current - Under 90 days <i>(from date of sale)</i> _____	<input type="text"/>	10.00	20.00	<input type="text"/>
2. Late - Over 90 days <i>(from date of sale)</i> _____	<input type="text"/>	20.00	40.00	<input type="text"/>

**E. DUPLICATE CERTIFICATE OR CORRECTION** \_\_\_\_\_

Registration # of certificates needed: \_\_\_\_\_

**F. RUSH FEE** *(per each registration & transfer)* \_\_\_\_\_ 5.00 same \_\_\_\_\_

**G. EMERGENCY FAXES** *(per page - not including cover)* \_\_\_\_\_ 3.00 same \_\_\_\_\_

**H. SPECIAL HANDLING**

1. UPS Overnight Delivery _____	<input type="text"/>	Call to order... <i>Must provide credit card number for direct payment to UPS</i>		<input type="text"/>
2. Postal Overnight, USPS <i>(two-three day delivery)</i> _____	<input type="text"/>	24.00	same	<input type="text"/>
3. Priority Mail, USPS <i>(four-five day delivery)</i> _____	<input type="text"/>	7.00	same	<input type="text"/>

**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 Buck \_\_\_\_\_ Registration # \_\_\_\_\_  
(Buck Name & Tag Number) (Registration Number)

were exposed to Does \_\_\_\_\_  
(List Doe Names, Tag Numbers & Association Numbers)

from \_\_\_\_\_ to \_\_\_\_\_  
(Month, Day, Year) (Month, Day, Year)

Owner of Does at time of Mating: \_\_\_\_\_ Owner of Buck at time of Mating: \_\_\_\_\_  
(Signature) (Signature)

Address: \_\_\_\_\_ Address: \_\_\_\_\_

## Breeding Certificate

This is to certify that Buck \_\_\_\_\_ Registration # \_\_\_\_\_  
(Buck Name & Tag Number) (Registration Number)

were exposed to Does \_\_\_\_\_  
(List Doe Names, Tag Numbers & Association Numbers)

from \_\_\_\_\_ to \_\_\_\_\_  
(Month, Day, Year) (Month, Day, Year)

Owner of Does at time of Mating: \_\_\_\_\_ Owner of Buck at time of Mating: \_\_\_\_\_  
(Signature) (Signature)

Address: \_\_\_\_\_ Address: \_\_\_\_\_

## Artificial Insemination Certificate

This is to certify that Does \_\_\_\_\_ were AI'd with \_\_\_\_\_ units/straws  
(List Doe Names, Tag Numbers & Association Numbers, can include separate sheet for more space) (# used)

of semen from Buck \_\_\_\_\_ Registration # \_\_\_\_\_ DNA File # \_\_\_\_\_  
(Buck Name & Tag Number) (Registration #)

Technician Print Name: \_\_\_\_\_ Date of Service: \_\_\_\_\_

Technician Signature: \_\_\_\_\_ Technician Contact Number: \_\_\_\_\_

Owner of Does at time of Mating: \_\_\_\_\_ Owner of Buck / semen at time of Mating: \_\_\_\_\_  
(Signature) (Circle one) (Signature)

Address: \_\_\_\_\_ Address: \_\_\_\_\_

## Embryo Transfer Certificate

This is to certify that Doe \_\_\_\_\_ Registration # \_\_\_\_\_ DNA File # \_\_\_\_\_  
(Donor Doe's Name & Tag Number) (Doe's Registration Number)

was flushed and \_\_\_\_\_ eggs were recovered on \_\_\_\_\_ bred to Buck \_\_\_\_\_  
(# eggs) (Month, Day, Year) (Buck Name & Tag Number)

Registration # \_\_\_\_\_ DNA File # \_\_\_\_\_ . \_\_\_\_\_ eggs were implanted into recipient Does on \_\_\_\_\_  
(Buck's Registration Number) (# eggs) (Month, Day, Year)

Technician Print Name: \_\_\_\_\_ Date of Service: \_\_\_\_\_

Technician Signature: \_\_\_\_\_ Technician Contact Number: \_\_\_\_\_

Owner of Does at time of Mating: \_\_\_\_\_ Owner of Buck / semen at time of Mating: \_\_\_\_\_  
(Signature) (Circle one) (Signature)

Address: \_\_\_\_\_ Address: \_\_\_\_\_