

# AMERICAN BORDER LEICESTER ASSOCIATION WORK ORDER AND FEE SCHEDULE

Phone: 785-456-8500 • PO Box 231, 420A Lincoln - Wamego, KS 66547 • Fax: 785-456-8599 • Email 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)    
  Non-Member    
  New Member Applying

	Quantity	Member Price	Non-Member Price	Total Cost
<b>A. MEMBERSHIPS</b>				
1. New Senior Member _____		30.00		
2. Annual Senior Dues _____		30.00		
3. New Junior Member (date of birth ____/____/____) _____		20.00		
3. Junior Dues (date of birth ____/____/____) _____		20.00		
<div style="border: 1px solid black; padding: 5px; display: inline-block;">                     Please send Membership Dues to:                      Jack Price                      628 N. 1150 East Road                      Palmer, IL 62556                      Phone: (217) 502-4082                 </div>				
<b>B. REGISTRATIONS</b> _____		7.00	14.00	
<b>C. TRANSFERS</b> _____		7.00	14.00	
<b>D. DUPLICATE CERTIFICATE</b> _____		3.00	same	
<b>E. RUSH FEE</b> (per each registration & transfer) _____		5.00	same	
<b>F. EMERGENCY FAXES</b> (per page - not including cover) _____		3.00	same	
<b>G. SPECIAL HANDLING</b>				
1. UPS Overnight Delivery _____		Call to order... Must provide credit card number for direct payment to UPS _____ same		
2. Postal Overnight, USPS (two-three day delivery) _____		26.00	same	
3. Priority Mail, USPS (four-five day delivery) _____		8.00	same	
<b>H. 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)*

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