

# THE AMERICAN AND DELAINE MERINO RECORD 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 Member  
*(age 18 or older)*

Junior Member  
*(under age 18)*

New Member Applying

	Quantity	Member Price	Total Cost
<b>A. MEMBERSHIPS</b>			
1. Lifetime Membership Fee <i>(one-time fee for New Members)</i> _____		15.00	
2. New Senior Member _____		20.00	
3. Annual Senior Dues _____		20.00	
4. New Junior Member _____		Free	
5. Junior Dues <i>(date of birth ____ / ____ / ____)</i> _____		Free	
<b>B. REGISTRATIONS</b>			
1. Lambs up to one year of age _____		8.00	
2. Sheep older than one year of age _____		12.00	
3. From Another Merino Assn. _____		6.00	
4. Rush Registration <i>(per animal - includes registration fee)</i> _____		12.00	
<b>C. TRANSFERS</b>			
1. If Recorded within 60 days of sale _____		6.00	
2. If Recorded after 60 days of sale _____		10.00	
3. Rush Transfer <i>(per animal - includes transfer fee)</i> _____		12.00	
<b>D. DUPLICATE CERTIFICATE</b> _____		4.00	
<b>E. CHRISTENING/NAMING FEE</b> _____		25.00	
<b>F. EMERGENCY FAXES</b> <i>(per page - not including cover)</i> _____		3.00	
<b>G. SPECIAL HANDLING</b>			
1. UPS Overnight Delivery _____		Call to order... Must provide credit card number for direct payment to UPS	
2. Postal Overnight, USPS <i>(two-three day delivery)</i> _____		26.00	
3. Priority Mail, USPS <i>(four-five day delivery)</i> _____		10.00	
<b>H. OTHER FEES</b> _____			

*Kaley Walden, ADMRA Secretary*  
 138 Gearhart Rd. - Pulaski, PA 16143  
 admerinos@gmail.com

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

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

## Artificial Insemination Certificate

This is to certify that Ewes \_\_\_\_\_  
(List Ewe Names, Tag Numbers & Association Numbers)

were 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: \_\_\_\_\_