

SCOTTISH BLACKFACE BREEDERS UNION WORK ORDER AND FEE SCHEDULE

Phone: 785-456-8500 • PO Box 231, 420A Lincoln - Wamego, KS 66547 • Fax: 785-456-8599 • asregistry@gmail.com

Name _____ Membership # _____

Address _____ City _____ State _____ Zip _____

Email _____ Website _____

Daytime Phone # _____ Alternate Phone # _____ Date _____

Check one of the following:

Active Member Non-Member New Member Applying

A. MEMBERSHIPS

	Quantity	Member Price	Non-Member Price	Total Cost
1. New Membership _____		20.00	xxx	
2. Annual Dues _____		20.00	xxx	
3. Associate Membership _____		15.00	xxx	

B. REGISTRATIONS

United States

1. Animal under 1 year of age _____		5.00	<i>double fee</i>	
2. Animal over 1 year _____		8.00	<i>double fee</i>	
3. Animal previously unregistered _____		10.00	<i>double fee</i>	

C. TRANSFERS

5.00 *same*

D. DUPLICATE CERTIFICATE

4.00 *same*

G. RUSH FEE *(per each registration & transfer)*

5.00 *same*

H. EMERGENCY FAXES *(per page - not including cover)*

4.00 *same*

I. SPECIAL HANDLING

1. UPS Overnight Delivery _____		<i>Call for pricing</i>	<i>same</i>	
2. Postal Overnight, USPS <i>(two-three day delivery)</i> _____		26.00	<i>same</i>	
3. Priority Mail, USPS <i>(four-five day delivery)</i> _____		10.00	<i>same</i>	

J. 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 _____ SBBU 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 _____ SBBU 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: _____