AMERICAN KIKO GOAT ASSOCIATION

Work Order and Fee Schedule
Phone: 785-456-8500 • PO Box 27 • Sedalia, MO 65302 • Email: asregistry@gmail.com

Name:	Herd #	Herd Pre	fix	
Address	City	State	Zip	
Email	Website			
Daytime Phone Alt. Phone _		Fax		
Check one of the following:				
Breeder Associate	Junior		on-Member	
	Qua	intity	<u>Total</u>	l Cost
A. Membership				
1.New Breeder Member (Received January 1-June 30 or in Dec)		50.00		
2. New Breeder Member (Received July 1-Nov 30)		25.0		
3. New Associate Member		25.0		
4. Lifetime Member		500.0		
5.New Junior Member (with Breeder Parent) (date of birth/		10.00		
6. New Junior Member (without Breeder Parent) (date of birth)		25.0		
7. Annual Breeder		50.0		
8. Annual Junior (with Breeder Parent) (date of birth//		10.00		
9. Annual Junior (without Breeder Parent) (date of birth//		25.00		
10. Annual Associate memer		25.0	0	
B. REGISTRATION		Member Price	Non-Member Price	
1. Purebred (Less than 5 head)		10.00	20.00	
2. Purebred (More than 5 head)		8.00	16.00	
3. Crossbred (Less than 5 head)		10.00	20.00	
4. Crossbred (More than 5 head)		8.00	16.00	
5. Genemaster (Less than 5 head)		10.00	20.00	
6. Genemaster (More than 5 head)		8.00	16.00	
C. Transfers				
1. Transfers (submitted with registration)			10.00	
2. Transfers		8.00	16.00	
D. DNA TESTING				
1.DNA Percentage/Genotyping		32.00		
2.DNA Report (for previously tested animal)			10.00	
3.Alpha S1 Casein Testing		22.00	44.00	
E. Duplicate Certificate				
1. Duplicate or Re-Issue of Certificate (per certificate)		8.00	16.00	
F. Rush Fee (per each registration & transfer)		Double Fees	Double Fees	
G. EMERGENCY FAXES (per page - not including cover)		5.00_		
H. Special Handling		Call for Pricing		
1. UPS Overnight Delivery		Must provide Credit Card number for direct UPS payment		
2. Postal Overnight, USPS (two-three day delivery)		33.00		
3. Priority Mail, USPS (four-five day delivery)		11.00		
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 #				
PAYMENT BY CHECK # OR CREDIT CARD # Expiration Date Three Digit Code on Ba	.ck of Card	ZIP CODE OF BIL	LING ADDRESS	
CARDHOLDER SIGNATURE				

All credit card transactions will be charged a 15 cent transaction fee and a 3.5% convenience fee on the total amount