

AMERICAN HAMPSHIRE SHEEP ASSOCIATION WORK ORDER AND FEE SCHEDULE

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

Name _____ Membership # _____
 Address _____ City _____ State _____ Zip _____
 Email _____ Website _____
 Daytime Phone # _____ Alternate Phone # _____ Phone # _____
 Phone # _____ *Between 8-5* _____ Phone # _____ to list on website _____

Check one of the following:

Senior/Active Member Junior Member (until age 21) Non-Member New Member Applying

A. MEMBERSHIPS

	Quantity	Member Price	Non-Member	Total Cost
1. New Senior Member _____		35.00	xxxx	
2. Annual Senior Dues (before April 30th) _____		35.00	xxxx	
7. Late Annual Senior Dues (After April 30th) _____		50.00	xxxx	
3. Lifetime Senior Member (price dependent on years of membership) _____		Call for pricing	xxxx	
4. New Junior Member (date of birth ____/____/____) _____		15.00	xxxx	
5. Junior Dues (date of birth ____/____/____) _____		15.00	xxxx	
6. Multiple Juniors on One Account Dues _____		25.00	xxxx	
B. REGISTRATIONS			**Must be a member to register Hampshires**	
1. Animal under 12 months _____		9.00	xxxx	
2. Animal over 12 months _____		15.00	xxxx	
C. TRANSFERS				
1. 90 days and under (from date of sale) _____		10.00	10.00	
2. Over 90 days (from date of sale) _____		20.00	20.00	
D. DUPLICATE CERTIFICATE _____		5.00	5.00	
E. NAME CHANGE / CHRISTENING _____		25.00	25.00	
F. RUSH FEE (per each registration & transfer) _____		30.00	30.00	
G. NAILE HAMPSHIRE OPEN SHOW FEE (per each head) _____		10.00	10.00	
H. DONATIONS				
1. All American JR Show _____				
2. Hampshire Showdown _____				
3. Hampshire Scholarship _____				
4. Hampshire Futurity _____				
I. EMERGENCY FAXES / EMAIL DOCUMENTS (per page) _____		5.00	5.00	
J. SPECIAL HANDLING				
1. UPS/FedEX Overnight Delivery (est. cost \$60-\$170) _____		Call for pricing		
2. Express Priority Mail, USPS (two-three day delivery) _____		35.00	35.00	
3. Priority Mail, USPS (four-five day delivery) _____		13.00	13.00	
K. WEBSITE BREEDER LINK (per calendar year) _____		10.00	10.00	
L. 11x17 PEDIGREE PEN CARDS (provide list of animals) _____		5.00	5.00	
M. LAMBING BOOKS (maximum of two) _____			free upon request	

N. POSTAGE FOR AHSA STORE ITEMS _____ one item: 15.00 two or more: 30.00

O. 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 _____ Registration # _____
(Ram Name & Tag Number) (Registration Number)

was 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)

was 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)

was 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: _____