

THE AMERICAN AND DELAINE MERINO RECORD ASSOCIATION WORK ORDER AND FEE SCHEDULE

Phone: 785-456-8500 • PO Box 231, 305 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
A. MEMBERSHIPS			
1. Lifetime Membership Fee <small>(one-time fee for New Members)</small> _____		15.00	
2. New Senior Member _____		20.00	
3. Annual Senior Dues _____		20.00	
4. New Junior Member _____		Free	
5. Junior Dues <small>(date of birth ____ / ____ / ____)</small> _____		Free	
B. REGISTRATIONS			
1. Lambs up to one year of age _____		6.00	
2. Sheep older than one year of age _____		10.00	
3. From Another Merino Assn. _____		6.00	
4. Rush Registration <small>(per animal - includes registration fee)</small> _____		12.00	
C. TRANSFERS			
1. If Recorded within 60 days of sale _____		4.00	
2. If Recorded after 60 days of sale _____		8.00	
3. Rush Transfer <small>(per animal - includes transfer fee)</small> _____		12.00	
D. DUPLICATE CERTIFICATE _____		4.00	
E. CHRISTENING/NAMING FEE _____		25.00	
F. EMERGENCY FAXES <small>(per page - not including cover)</small> _____		3.00	
G. SPECIAL HANDLING			
1. UPS Overnight Delivery _____		Call to order... Must provide credit card number for direct payment to UPS	
2. Postal Overnight, USPS <small>(two-three day delivery)</small> _____		23.00	
3. Priority Mail, USPS <small>(four-five day delivery)</small> _____		6.50	
H. OTHER FEES _____			
I. ADMRA RAM HEAD PINS <small>(Available through ADMRA Secretary)</small> _____		3.00	

Amy Schroeder, ADMRA Secretary
7744 State Rt 613 - McComb, Ohio 45858
alschroeder@frontier.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: _____