

AMERICAN POLYPAY SHEEP ASSOCIATION WORK ORDER AND FEE SCHEDULE

Phone: 785-456-8500 • PO Box 231, 305 Lincoln - Wamego, KS 66547 • Fax: 785-456-8599

Name _____ Membership # _____

Address _____ Website _____

City, State, Zip _____ Date _____

Phone # _____ Fax # _____ E-mail _____

Check one of the following:

Member

Non-Member

New Member Applying

	Quantity	Member Price	Non-Member Price	Total Cost
A. MEMBERSHIPS				
1. New Membership _____		25.00	xxx	
2. Annual Dues _____		25.00	xxx	
3. New Gift Membership _____ <i>(Current Member paying 1st time Membership for a Current Non-Member)</i>		10.00	xxx	
New Membership for: <i>(New Member's Name)</i> _____ <i>(New Member's Address & Phone Number)</i> _____				
B. REGISTRATIONS				
1. Under 21 Months old _____		5.00	10.00	
2. Over 21 Months old _____		10.00	20.00	
C. TRANSFERS				
1. Under 90 days <i>(from date of sale)</i> _____		5.00	10.00	
2. Over 90 days <i>(from date of sale)</i> _____		10.00	20.00	
D. DUPLICATE CERTIFICATE _____		5.00	10.00	
E. CHRISTENING/NAMING FEE _____		30.00	30.00	
E. RUSH FEE <i>(per each registration & transfer)</i> _____		<i>Double Fees</i>	<i>same</i>	
F. EMERGENCY FAXES <i>(per page - not including cover)</i> _____		3.00	<i>same</i>	
G. SPECIAL HANDLING				
1. UPS Overnight Delivery _____			<i>Call to order... Must provide credit card number for direct payment to UPS</i>	<i>same</i>
2. Postal Overnight, USPS <i>(two-three day delivery)</i> _____		23.00	<i>same</i>	
3. Priority Mail, USPS <i>(four-five day delivery)</i> _____		6.50	<i>same</i>	

H. 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)*

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: _____

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: _____