

AMERICAN ROMNEY BREEDERS ASSOCIATION

WORK ORDER AND FEE SCHEDULE

Phone: 785-456-8500 • PO Box 231, 305 Lincoln - Wamego, KS 66547 • Fax: 785-456-8599 • asregistry@gmail.com

Name _____ Membership # _____

Address _____ Website _____

City, State, Zip _____ Date _____

Phone # _____ Fax # _____ E-mail _____

Check one of the following:

☐

Senior Member

☐

Junior Member
(until age 20)

☐

Non-Member

A. MEMBERSHIPS

Complete form for new or renewal and submit, with fees, to:

ARBA Secretary
58221 Lee Valley Road.
Coquille, OR 97423

	Quantity	Member Price	Non-Member Price	Total Cost
B. REGISTRATIONS				
1. Up to end of calendar year, following year of birth		6.00	12.00	
2. After Dec 31st of year, following year of birth		10.00	17.00	
3. Imported Animals		25.00	30.00	
C. TRANSFERS				
1. Up to 60 days from date of sale		5.00	10.00	
2. After 60 days from date of sale		8.00	14.00	
3. Semen Transfer - Up to 60 days		4.00	10.00	
4. Semen Transfer - After 60 days		8.00	14.00	
D. DUPLICATE CERTIFICATE		5.00	5.00	
E. FIVE GENERATION TRACE BACK		10.00	12.00	
F. NON ARBA REGISTERED ROMNEYS FROM OTHER DOMESTIC FLOCK BOOKS TRACE BACK		2.00	same	
G. NAME CHANGE / CHRISTENING				
1. Rams		25.00	same	
2. Ewes		10.00	same	
H. RUSH FEE (per each registration & transfer)		Double Fees	same	
I. EMERGENCY FAXES (per page - not including cover)		3.00	same	
J. SPECIAL HANDLING				
1. UPS Overnight Delivery		Call for pricing	same	
2. Postal Overnight, USPS (two-three day delivery)		23.00	same	
3. Priority Mail, USPS (four-five day delivery)		6.50	same	
K. WEBSITE LINK IN DIRECTORY (provide URL above)		5.00	same	
L. AI Semen Collection Fee		25.00	same	
M. OTHER FEES				

TOTAL FEES FROM ABOVE\$ _____

Previous Balance Due (please return invoice).....\$ _____

Previous Credit Due (please return invoice)\$ _____

TOTAL MONEY ENCLOSED -- CHECK # _____ (cash or blank checks sent at own risk).....\$ _____

Breeding Certificate

This is to certify that Ram _____ ARBA 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 _____ ARBA 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: _____