

AMERICAN POLYPAY SHEEP ASSOCIATION WORK ORDER AND FEE SCHEDULE

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

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 _____ (Current Member paying 1st time Membership for a Current Non-Member)		10.00	xxx	
New Membership for: (New Member's Name) _____ (New Member's Address & Phone Number) _____				
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 (from date of sale) _____		5.00	10.00	
2. Over 90 days (from date of sale) _____		10.00	20.00	
D. DUPLICATE CERTIFICATE _____		5.00	10.00	
E. CHRISTENING/NAMING FEE _____		30.00	30.00	
E. RUSH FEE (per each registration & transfer) _____		Double Fees	same	
F. EMERGENCY FAXES (per page - not including cover) _____		3.00	same	
G. SPECIAL HANDLING				
1. UPS Overnight Delivery _____		Call to order... Must provide credit card number for direct payment to UPS		
2. Postal Overnight, USPS (two-three day delivery) _____		19.00	same	
3. Priority Mail, USPS (four-five day delivery) _____		5.50	same	
H. 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 _____ 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: _____