

AMERICAN CORRIEDALE ASSOCIATION, INC

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 # _____ Date _____

Check one of the following:

Active Member
 Junior Member (8 - 21 years old)
 Non-Member
 New Member Applying

	Quantity	Member Price	Non-Member Price	Total Cost
A. MEMBERSHIPS				
1. New Membership _____		50.00	xxx	
2. Annual Dues _____		50.00	xxx	
3. Annual Family Junior Dues _____		15.00	xxx	
4. Annual Junior Member (date of birth ____/____/____)		10.00	xxx	
5. New Junior Dues (date of birth ____/____/____)		10.00	xxx	
If Active in 4-H or FFA: Please List Club/School _____				
B. REGISTRATIONS				
<i>United States</i>				
1. Animal under 1 year of age _____		8.00	<i>double fee</i>	
2. Animal over 1 year _____		12.00	<i>double fee</i>	
C. TRANSFERS				
1. Under 60 days (from date of sale) _____		6.00	<i>same</i>	
2. Over 60 days (from date of sale) _____		12.00	<i>same</i>	
D. DUPLICATE CERTIFICATE _____				
		5.00	<i>same</i>	
E. CHRISTENING FEE _____				
		30.00	<i>same</i>	
F. RETAG FEE _____				
		1.00	<i>same</i>	
G. RUSH FEE (per each registration & transfer) _____				
		10.00	<i>same</i>	
H. EMERGENCY FAXES (per page - not including cover) _____				
		3.00	<i>same</i>	
I. SPECIAL HANDLING				
1. UPS Overnight Delivery _____		<i>Call for pricing</i>	<i>same</i>	
2. Postal Overnight, USPS (two-three day delivery) _____		33.00	<i>same</i>	
3. Priority Mail, USPS (four-five day delivery) _____		11.00	<i>same</i>	
J. 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 _____ ACA 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 _____ ACA 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: _____