

AMERICAN GOTLAND SHEEP SOCIETY WORK ORDER AND FEE SCHEDULE

3539 Seaman Rd., Waitsburg, WA 99361 * 509-956-8892 * americangotlandsheep@gmail.com

Name _____ Membership # _____

Address _____ City _____ State _____ Zip _____

Email _____ Website _____

Daytime Phone # _____ Alternate Phone # _____ Date _____
Between 8-5

Check one of the following:

- Active Member
 Associate Member
 Junior Member
 New Member Applying

	Quantity	Member Price	Total Cost
A. MEMBERSHIPS			
1. Active Members _____		15.00	
2. Associate Members _____		10.00	
3. Junior Members (date of birth ____/____/____) _____		5.00	
B. REGISTRATIONS			
1. Ewe/Ram Registration (under 18 months) _____		8.00	
2. Ewe/Ram Registration (over 18 months) _____		16.00	
3. Ewe/Ram Recording (under 18 months) _____		5.00	
4. Ewe/Ram Recording (over 18 months) _____		10.00	
5. Foundation Ewes _____		5.00	
C. TRANSFERS _____		5.00	
D. DUPLICATE CERTIFICATE _____		5.00	
E. RUSH FEE (per each registration & transfer) _____		<i>Double Fees</i>	
F. EMERGENCY FAXES (per page - not including cover) _____		3.00	
G. SPECIAL HANDLING			
1. UPS Overnight Delivery _____		<i>Call for pricing</i>	
2. Postal Overnight, USPS (two-three day delivery) _____		24.00	
3. Priority Mail, USPS (four-five day delivery) _____		7.00	
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 PAYPAL #** _____

PAYPAL PAYMENT CAN BE COMPLETED ON THE AMERICAN GOTLAND SHEEP ASSOCIATION WEBSITE.

ALL WORK requested MUST HAVE accompanying PAYMENT TO PROCESS •

Breeding Certificate

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