

AMERICAN GOTLAND SHEEP SOCIETY 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 _____ 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 (under 18 months) _____ | | 5.00 | |
| 6. Foundation Ewes (over 18 months) _____ | | 10.00 | |
| 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 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 _____ 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: _____