

# 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>B. REGISTRATIONS</b>  |          |                  |                  |            |
| 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            |            |
| <b>C. TRANSFERS</b>  |          |                  |                  |            |
| 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            |            |
| <b>D. DUPLICATE CERTIFICATE</b>  |          | 5.00             | 5.00             |            |
| <b>E. FIVE GENERATION TRACE BACK</b>   |          | 10.00            | 12.00            |            |
| <b>F. NON ARBA REGISTERED ROMNEYS FROM OTHER DOMESTIC FLOCK BOOKS TRACE BACK</b> |          | 2.00             | same             |            |
| <b>G. NAME CHANGE / CHRISTENING</b>  |          |                  |                  |            |
| 1. Rams _____  |          | 25.00            | same             |            |
| 2. Ewes _____  |          | 10.00            | same             |            |
| <b>H. RUSH FEE</b> (per each registration & transfer) _____                      |          | Double Fees      | same             |            |
| <b>I. EMERGENCY FAXES</b> (per page - not including cover) _____                 |          | 3.00             | same             |            |
| <b>J. SPECIAL HANDLING</b>   |          |                  |                  |            |
| 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             |            |
| <b>K. WEBSITE LINK IN DIRECTORY</b> (provide URL above) _____                    |          | 5.00             | same             |            |
| <b>L. AI Semen Collection Fee</b> _____  |          | 25.00            | same             |            |
| <b>M. OTHER FEES</b> _____   |          |                  |                  |            |

**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 \_\_\_\_\_ 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: \_\_\_\_\_

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*(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: \_\_\_\_\_