

AMERICAN ROMNEY BREEDERS ASSOCIATION WORK ORDER AND FEE SCHEDULE

Phone: 785-456-8500 • PO Box 231, 420A 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. REGISTRATIONS				
1. Up to December 31, one year after birth _____		7.00	13.00	
2. After December 31, one year after birth _____		11.00	18.00	
3. Imported Animals _____		26.00	31.00	
C. TRANSFERS				
1. Up to 60 days from date of sale _____		6.00	11.00	
2. After 60 days from date of sale _____		9.00	15.00	
3. Semen Transfer - Up to 60 days _____		5.00	11.00	
4. Semen Transfer - After 60 days _____		9.00	15.00	
D. DUPLICATE CERTIFICATE _____		6.00	6.00	
E. FIVE GENERATION TRACE BACK _____		11.00	13.00	
F. NON ARBA REGISTERED ROMNEYS FROM OTHER DOMESTIC FLOCK BOOKS TRACE BACK _____		5.00	same	
G. NAME CHANGE / CHRISTENING				
1. Rams _____		26.00	same	
2. Ewes _____		11.00	same	
H. RUSH FEE (per each registration & transfer) _____		Double Fees	same	
I. EMERGENCY FAXES (per page - not including cover) _____		3.00	same	
J. SPECIAL HANDLING				
1. UPS Overnight Delivery _____		Call for pricing	same	
2. Postal Overnight, USPS (two-three day delivery) _____		26.00	same	
3. Priority Mail, USPS (four-five day delivery) _____		8.00	same	
K. WEBSITE LINK IN DIRECTORY (provide URL above) _____		5.00	same	
L. AI Semen Collection Fee _____		25.00	same	

M. 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 _____ 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: _____

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: _____