

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 *\$30 to Feb 28th each year, \$40 after*
 Junior Member *(until age 20)*
 Non-Member

A. MEMBERSHIPS

Complete form for new or renewal and submit, with fees, to:

ARBA Secretary
615 Lewie Road
Gilbert, SC 20954

B. REGISTRATIONS

	Quantity	Member Price	Non-Member Price	Total Cost
1. Up to 12 months of age _____		10.00	16.00	
2. Over 12 months of age _____		15.00	20.00	
3. Imported Animals _____		50.00	75.00	

C. TRANSFERS

1. Up to 60 days from date of sale _____		8.00	16.00	
2. After 60 days from date of sale _____		12.00	20.00	
3. Semen Transfer - Up to 60 days _____		8.00	15.00	
4. Semen Transfer - After 60 days _____		12.00	20.00	

D. DUPLICATE CERTIFICATE

E. FIVE GENERATION TRACE BACK _____		10.00	16.00	
		15.00	20.00	

F. NON ARBA REGISTERED ROMNEYS FROM OTHER DOMESTIC FLOCK BOOKS TRACE BACK

_____		20.00	30.00	
-------	--	-------	-------	--

G. NAME CHANGE / CHRISTENING

1. Rams _____		35.00	70.00	
2. Ewes _____		35.00	70.00	

H. RUSH FEE <i>(per each registration & transfer)</i> _____		<i>Double Fees</i>	<i>same</i>	
--	--	--------------------	-------------	--

I. EMERGENCY FAXES <i>(per page - not including cover)</i> _____		5.00	10.00	
---	--	------	-------	--

J. SPECIAL HANDLING

1. UPS Overnight Delivery _____		<i>Call for pricing</i>	<i>same</i>	
2. Postal Overnight, USPS <i>(two-three day delivery)</i> _____		26.00	<i>same</i>	
3. Priority Mail, USPS <i>(four-five day delivery)</i> _____		10.00	<i>same</i>	

K. WEBSITE LINK IN DIRECTORY <i>(provide URL above)</i> _____		10.00	<i>same</i>	
--	--	-------	-------------	--

L. AI Semen Collection Fee _____		25.00	<i>same</i>	
---	--	-------	-------------	--

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** •