

NATIONAL LINCOLN SHEEP BREEDERS' ASSOCIATION WORK ORDER AND FEE SCHEDULE

Phone: 785-456-8500 • PO Box 231, 305 Lincoln - Wamego, KS 66547 • Fax: 785-456-8599

Name _____ Membership # _____

Address _____ Website _____

City, State, Zip _____ Date _____

Phone # _____ Fax # _____ E-mail _____

Check one of the following:

Senior/Active Member
 Junior Member (until age 19)
 Non-Member
 New Member Applying

	Quantity	Member Price	Non-Member Price	Total Cost
A. MEMBERSHIPS				
1. New Senior Member _____		25.00	xxx	
2. Annual Senior Dues _____		25.00	xxx	
3. New Junior Member (date of birth ____/____/____) _____		Free	xxx	
4. Junior Dues (date of birth ____/____/____) _____		10.00	xxx	
B. REGISTRATIONS				
1. Animal under 12 months _____		5.00	10.00	
2. Animal over 12 months _____		6.00	12.00	
C. TRANSFERS				
1. Under 60 days (from date of sale) _____		5.00	10.00	
2. Over 60 days (from date of sale) _____		6.00	12.00	
D. DUPLICATE CERTIFICATE _____				
		5.00	10.00	
F. RUSH FEE (per each registration & transfer) _____				
		<i>Double Fees</i>	<i>same</i>	
G. EMERGENCY FAXES (per page - not including cover) _____				
		3.00	<i>same</i>	
H. SPECIAL HANDLING				
1. UPS Overnight Delivery _____		<i>Call to order... Must provide credit card number for direct payment to UPS</i>		
2. Postal Overnight, USPS (two-three day delivery) _____		23.00	<i>same</i>	
3. Priority Mail, USPS (four-five day delivery) _____		6.50	<i>same</i>	
J. NAILE (per head entered) _____				
		5.00	<i>same</i>	
N. 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 _____ NLSBA 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 _____ NLSBA 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: _____