

# AMERICAN BORDER LEICESTER ASSOCIATION WORK ORDER AND FEE SCHEDULE

Phone: 641-942-6402 • PO Box 51, 222 Main St - Milo, Iowa 50166 • Fax: 641-942-6502

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
<b>A. MEMBERSHIPS</b>				
1. New Senior Member _____		20.00		
2. Annual Senior Dues _____		20.00		
3. New Junior Member (date of birth ____/____/____) _____		15.00		
3. Junior Dues (date of birth ____/____/____) _____		15.00		
<b>B. REGISTRATIONS</b> _____		5.00	10.00	
<b>C. TRANSFERS</b> _____		5.00	same	
<b>D. DUPLICATE CERTIFICATE</b> _____		3.00	same	
<b>E. RUSH FEE</b> (per each registration & transfer) _____		5.00	same	
<b>F. EMERGENCY FAXES</b> (per page - not including cover) _____		3.00	same	
<b>G. SPECIAL HANDLING</b>				
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) _____		18.30	same	
3. Priority Mail, USPS (four-five day delivery) _____		4.95	same	
<b>H. OTHER FEES</b> _____				

**Please send Membership Dues to:**  
 Polly Hopkins, ABLA Treasurer  
 494 Evans Road - Chepachet, RI 02814  
 Phone: (401) 949-4619

**TOTAL FEES FROM ABOVE** .....\$ \_\_\_\_\_

**Previous Balance Due** (please return invoice).....\$ \_\_\_\_\_

**Previous Credit Due** (please return invoice) .....\$ \_\_\_\_\_

**TOTAL MONEY ENCLOSED -- CHECK #** \_\_\_\_\_ (cash or blank checks sent at own risk).....\$ \_\_\_\_\_

## Breeding Certificate

This is to certify that Ram \_\_\_\_\_ 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: \_\_\_\_\_

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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: \_\_\_\_\_