

NATIONAL TUNIS SHEEP REGISTRY, INC

WORK ORDER AND FEE SCHEDULE

Phone: 785-456-8500 • PO Box 231, 420A 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 Member
 Junior Member (until age 22)
 Non-Member
 New Member Applying

	Quantity	Member Price	Non-Member Price	Total Cost
A. MEMBERSHIPS				
1. New Senior Member _____		25.00	xxx	
2. New Junior Member (date of birth ____/____/____) _____		12.00	xxx	
3. Annual Senior Dues _____		25.00	xxx	
4. Annual Junior Dues (date of birth ____/____/____) _____		12.00	xxx	
B. REGISTRATIONS				
_____		7.00	14.00	
C. TRANSFERS				
_____		7.00	14.00	
D. EXTENDED PEDIGREE (if not already provided on paper)				
1. Four Generation _____		30.00	60.00	
2. Five Generation _____		60.00	90.00	
E. CHRISTENING FEE (must pay to name any animal)				
<i>(Already registered animal can be named by returning the registration paper with fee, at that time the name will be added and a new paper will be provided)</i>				
<i>(New registrations, include christened name on registration application and it will be included on paper)</i>				
_____		25.00	xxx	
E. DUPLICATE CERTIFICATE				
_____		6.00	10.00	
F. RUSH FEE (per each registration & transfer)				
_____		5.00	30.00	
G. EMERGENCY FAXES/EMAILING DOCUMENTS (per page)				
_____		3.00	same	
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) _____		26.00	same	
3. Priority Mail, USPS (four-five day delivery) _____		10.00	same	
J. 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** •

NTSRI Expense Report

Name _____
 Address _____
 Phone _____
 Email Address _____
 Date requested _____

Identify Budget Code For Each Receipt					
Associated Registries (AR)	Newsletter/Website (NW)	Show/Sale (SS)			
Secretary/Treasurey (ST)	Publicity/Advertising (PA)	Youth (Y)			
Expenses					
Name of Vendor	Date	Item	Amount (\$)	Budget Code	CK#
				NW	
				NW	
				NW	
				ST	
				ST	
				ST	
				ST	
				ST	
				St	
Total					

Make Reimbursement Check Payable To

Name _____
 Address _____
 City _____
 State _____
 Zip _____

Please attach receipt(s) to the Expense Report (PDF copies are fine) and send by Email or US mail

Kathy Niese
Treasurer
8777 RD I 7
Ottawa, OH 45875
419-969-0783

kathy.niese@yahoo.com